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ABSTRACT

This two-part digest offers a paper on early childhood development and a discussion of programming for early childhood care and development. In the first paper, an initial discussion of early childhood development is followed by a review of child development projects and an exploration of implications for policy and action. Appendices to this paper provide lists of (1) psychosocial stimulation activities for young children and (2) the main problems of child development. The latter list includes recommended program emphases for various socioeconomic situations. The second paper, on programming for early childhood care and development discusses: (1) five complementary approaches to enhancing child development; (2) the delivery of services that support child care and development centers; (3) the education of caregivers; (4) community development; (5) the process of strengthening national resources and capacities; and (6) advocacy on behalf of children. (RH)

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Digest 18

Early Childhood
Development

Two Papers on
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PART A

EARLY CHILDHOOD DEVELOPMENT

A paper presented to the UNICEF Executive Board in 1984

I. EARLY CHILDHOOD DEVELOPMENT IN PERSPECTIVE

Child development is a dynamic process in which it is extremely difficult to separate physical and psycho-social factors, except in conceptual terms. In these terms, psycho-social development refers to the cognitive, social and emotional development of the young child which results from the continuous interplay between the growing child and the changing environment. Memory, attention, reasoning, language and emotion as well as the general ability to interact with one's physical and social environment depend on the biological maturation of the central nervous system and the brain. A minimum level of physical well-being is therefore a pre-condition for the mental processes to function. On the other hand, psychological stress can cause physical distress and adversely affect the health and physical growth of the child.

Differences in the ecological and cultural environment strongly affect both physical and mental development. The interaction with the environment shapes the nature of the abilities and skills acquired and how they are valued: the children of farmers in West Java will have a somewhat different learning experience from that of shepherd children in the Bolivian altiplano, and their social group will especially value those skills that are most necessary in the particular environment. Moreover, the degree of complexity of the social group, as indicated by its institutions, economic development and technological progress, will determine the complexity of the abilities and skills required.

Risks and their consequences

The young child in a poor developing country is subject to multiple hazards. The satisfaction of such basic needs as food and shelter and the availability of such social services as health care, water supply, sanitation and education cannot be taken for granted in a developing country. The sequence of circumstances that affect a large proportion of the population runs along the following lines:

Poverty - malnutrition during pregnancy - communicable diseases - child malnutrition - psychomotor disturbances - retarded physical and mental growth and disabilities - low level of activity - development below potential - low economic productivity in adulthood - poverty.

The order of magnitude of the hazards faced by children in developing countries can be gauged from some relevant global statistics. There are about 500 million children under the age of six in the developing countries. For many of them, the family income is not sufficient to meet their basic nutrient requirements. It is essentially these children who are also the victims of various other forms of deprivation which place their normal growth and development in multiple jeopardy.

To quote only some pertinent statistics (Rohde, 1983): 40 per cent of all children under six in developing countries -some 200 million- suffer from chronic protein-energy malnutrition; 12 per cent, or 60 million, suffer from acute protein-energy malnutrition; nearly a quarter of all infants born each year in developing countries -some 17 million- weigh under 2,500 grams at birth; and half of all women of child-bearing age -some 220 million- suffer from nutritional anaemia.

Comparable numerical or qualitative data about psychological and social factors are not available. Work on human development, largely carried out in industrialized countries, has not been of much help in this respect. The theoretical assumptions of developmental psychology have

emphasized the neurological and psychological variables or intra-family factors, largely neglecting the effects of dominant cultural patterns, the extended family and community influences and the problems originating from socio-economic structures. The biophysical determinants that place children "at risk" have also been given insufficient attention. The paucity of information from developing countries has been an unavoidable weakness of the research evidence presented in this report.

Attention to psycho-social development presupposes improvements in conditions affecting survival. It is nearly pointless to talk about the psycho-social development of a child whose physical survival is at stake. At the same time, it is short-sighted to express concern only about children's survival and not the development of their human potential, the quality of the life they will lead, and the contribution they will make to society if they live. Particular attention will need to be paid to the consequences of ill health and malnutrition and the interaction between physical and psycho-social development.

Risk assessment

Identifying risk factors and groups "at risk" can serve as a basis for policies to promote physical, mental and social development. In describing and analysing environmental influences on child development, especially from the point of view of planning beneficial interventions, the concept of risk and the identification of risk factors and groups at risk have been found particularly helpful. A risk factor for the child's psycho-social development could be defined as:

A major, identifiable biological or environmental circumstance or event affecting women during pregnancy and lactation of infants and young children which impedes the child's acquisition of the mental abilities and skills necessary for adaptation to the eco-cultural environment and, therefore, suggests the need for prevention and special care and attention.⁽¹⁾

In order to draw specific policy and action implications from the identification of risk factors and at-risk groups it is necessary to identify how often problems of development occur and how severe these problems are when children are exposed to risk. Causal links should also be established between a particular risk factor and specific developmental problems.

In the real world, however, the child's development is influenced directly and indirectly by a multiplicity of interacting biological, ecological and cultural factors. These multiple influences complicate risk assessment and the attempt to establish specific causal links between risk factors and developmental effects. Nevertheless, it is possible to identify situations associated with developmental deficiencies among children, and a knowledge of these associations can serve as the basis for policies and actions even where precise cause-effect relationships cannot be established.

Reducing risks to the poor is a central problem in child development. The hazards to the development of the child are not distributed equally between all social groups and all parts of a country. Geographic and class distribution of health and educational facilities, differential treatment of male and female children, distribution of wealth and income and dominant cultural practices are determinants of the types and intensity of development problems children face. Children of those social groups which are economically deprived or outside the mainstream of society such as ethnic and linguistic minorities and those living in inaccessible parts of the country are in greater danger from a developmental perspective, and less able to take advantage of the social services that may be available.

Socio-economic inequity arising from prevailing social structures is not likely to be affected significantly by child development activities except perhaps in contexts where the overall socio-political setting is strongly equity-oriented. However, the existence of inequity and the obstacles to development that it creates for the children of disadvantaged groups have to be taken into account in child development policies and programmes. A policy of reducing risks for society as a whole cannot be effective unless special attention is given to the disadvantaged groups, which are most at risk.

Types of risk

Pregnancy, pre-natal factors and low birth weight

Poor health and nutrition in the pregnant mother, stressful intra-uterine conditions, low birth weight (LBW) (below 2,500 grams) and early childhood trauma can all result in cumulative developmental problems. The combination of these risk factors causes infant and child death in some cases, but a much larger number of children suffer brain damage in varying degrees, which leads to different forms of physical and mental disabilities (Sameroff and Chandler, 1975). Data on maternal health and nutrition at the pre-natal stage and the intra-uterine situation are scarce in developing countries. Some information, however, is available for LBW.

Low birth weight resulting from malnourishment in the womb makes children vulnerable. In the industrialized countries, two thirds of LBW babies are born prematurely, whereas three quarters of LBW babies in developing countries are born full-term. In other words, the LBW babies in developing countries are malnourished in the womb, as are their mothers during pregnancy. The incidence of LBW is much higher in developing countries - up to 25 per cent of all live births compared to 6 to 9 per cent in Europe (World Health Organization, 1980).

The health risks of LBW have been well established, with 30 to 40 per cent of all infant deaths in developing countries accounted for by LBW. Information about the effect of LBW on mental development in developing countries is relatively scarce, but it can be taken that social and environmental factors in the homes of LBW children play a major role in determining the final outcome. A supportive environment, including attention to the child's health and nutrition needs, would contribute to shifting the course of the child's development towards a healthy path; but in the absence of this care, the child will not overcome the initial health handicap and the probabilities are high that mental development will suffer. Unfortunately, the same factors, closely related to families' socio-economic status, which cause the problem also prevent remedial action. The policy question, therefore, is first, what can be done

to prevent LBW, particularly among economically disadvantaged groups; and second, how to protect LBW children born in poverty from the stressful post-natal experiences that impair their capacity for acquiring the necessary abilities to function effectively in their eco-cultural context.

Malnutrition

Micro-nutrient deficiencies

Although micro-nutrient (vitamin and mineral) deficiencies commonly occur in association with protein-energy malnutrition, special programmes to deal with micro-nutrient deficiencies are justified in some situations. Debilitating nutritional anaemias, which decrease work capacity at all ages and affect children's attention span and learning ability, are extremely widespread. Iron deficiency is the main cause, but folate deficiency is also important, especially in pregnant women and young children. Iodine deficiency is highly prevalent in some developing countries; it is often associated with cretinism, which is an extreme form of mental retardation, and with deaf-mutism. Milder forms of iodine deficiency during pregnancy or early infancy and childhood may be associated with milder neurological signs. It has been estimated conservatively that at least 600 million people of all ages are affected by iodine deficiency at any one time (Matovinovic, 1983). Vitamin A deficiency is also highly prevalent in many developing countries, and in its extreme form is associated with blindness (xerophthalmia). Where infants are kept shielded from the sun, as the Middle East or China, rickets (vitamin D deficiency) is common.

The human body has considerable capacity for adaptation and can adjust to a low intake of certain nutrients. However, there are definite limits to this and multiple deficiencies can often produce negative synergistic effects. The answer in general is an adequate and balanced diet, although special additional efforts may be needed in the case of deficiencies of iodine, iron and vitamins A and D. Sometimes appropriate foods are available but not eaten in sufficient quantities and the solution lies in nutrition education. In many

situations, however, no significant result can be achieved without attention to the production, distribution and consumption of nutritious foods. At the same time, stimulation which helps the child's psycho-social development also contributes to the success of any programme intended to improve the child's nutritional status.

Protein-energy malnutrition

Protein-energy malnutrition (PEM) is one of the most prevalent nutritional and health problems throughout the world. There are significant clinical and functional differences between mild and moderate protein-energy malnutrition, on the one hand, and severe malnutrition, on the other. Severe malnutrition includes marasmus (general protein and calorie deficiency) and kwashiorkor (protein deficiency) and is far less pervasive than mild to moderate malnutrition. Among populations where malnutrition is endemic, growth retardation has been consistently associated with low performance in aggregate measures of intellectual functioning (such as intelligence quotient or development quotient tests) or in measures of specific cognitive processes (such as attention or learning).

Studies on the effects of nutrition supplements on infants and children nutritionally at risk have shown that the supplements have mild beneficial effects on the mental and motor development of children up to about 36 months. At older ages, however, the effects of supplements have not been demonstrated, except in those cases where they were accompanied by non-formal education directed to children and mothers.

For example, a nutrition intervention project in Cali, Colombia, included educational activities and medical care for children aged three and a half to seven years affected by mild to moderate malnutrition (McKay and others, 1978). Treatment was divided into four periods based on the children's age, and two control groups were used: one from the same low-income neighbourhoods as the samples, the other from a high socio-economic group. An average treatment day consisted of six hours of integrated activities, with approximately four hours devoted to education and two hours

to health, nutrition and hygiene. The results showed that the younger the child at the beginning of the intervention, the higher was the initial impact of the treatment. Likewise, the longer the period of treatment, the higher were the benefits at the end of the treatment. However, although all the treatment groups benefited, it was found that the gains were less as the children grew older, even though they continued in the treatment programme. All the treatment groups had better aggregate scores in general cognitive ability than those of the comparison groups from their own impoverished neighbourhoods, but none of them reached the level of performance of the high-income children.

Reviews of data from Africa, Asia and Latin America show that severe chronic PEM during the first months of life results in substantial retardation in mental development (Pollitt and Thomson, 1977). Similar degrees of retardation have been observed in studies conducted one to two years after the episode of malnutrition. There is evidence, however, that early severe PEM can be overcome. A well designed experiment from Jamaica has reported significant gains in the mental development of severely malnourished children following nutritional rehabilitation and a stimulation programme. The programme included scheduled play periods while the children were in hospital, followed by home visits by community health aides, involving mothers in the programme activities. At the end of 12 months, the treated group scored the same on the Griffith Developmental Scale as a well-nourished comparison group and substantially higher than another group who were given the hospital treatment but not the home stimulation programme (McGregor and others, 1978, 1979).

These results are consistent with the hypothesis that, even under conditions of biological trauma, the organism has the capacity to reorient its development back to a normal path, particularly during the first 18 to 24 months of life (Scarr-Salapatek, 1976, and McCall, 1981), and particularly if the process takes place in a stimulating environment. The reorientation to a normal path, however, is not likely to occur if the child remains in an adverse environment where neither biophysical nor psycho-social needs are adequately met.

In summary, the following conclusions can be derived from the data on the effects of malnutrition on mental development and efforts to alleviate the adverse effects:

- (a) Chronic and severe PEM during the early months of life has long-term developmental consequences. Nutritional rehabilitation followed by home-based psycho-social stimulation can help children to overcome their mental disabilities. As far as social policy is concerned, it is obviously preferable to concentrate on preventive measures so that children do not become victims of severe PEM, requiring costly remedial intervention;
- (b) Children with low calorie intake reach a state of energy balance by decreasing their activity levels; the specific functional consequences of this adaptive mechanism are not known. However, during infancy and the pre-school period the child learns by exploring the surrounding environment; therefore, reductions in activity level may have significant adverse consequences on the mental development of malnourished children;
- (c) Malnutrition, severe or moderate, is closely related to negative factors in the child's environment affecting the child's mental development, including poor housing, deficient caretaking, inadequate education and high mortality among siblings (Richardson, 1974, and Richardson and others, 1975). Specific nutritional or stimulation measures which leave these other conditions untouched are likely to have only a limited and short-run success, if any.

Breast-feeding and weaning

Breast-feeding has multiple developmental implications for the child. Its immunological and nutritional benefits are particularly significant for developing countries where children may grow up in poor hygiene and sanitary conditions and where communicable diseases are rampant. Despite the

beneficial effects of breast-feeding, bottle-feeding in many developing countries is on the rise, largely because of socio-economic circumstances which separate the infant from the nursing mother. Work-related constraints, malnourishment and illness of mothers and insufficient breast-milk have been cited as reasons for the decline in breast-feeding, particularly among low-income groups. The greatest decline in its extent and duration has taken place in the Latin American countries.

Inappropriate weaning practices, particularly the nutritional inadequacy of weaning foods (for example, poor food value or infrequent intake) and their unhygienic handling, constitute a widespread problem in developing countries, making a large number of young children victims of debilitating diarrhoea and malnutrition. An important concern in infant feeding is the age at which breast-milk alone is no longer a sufficient source of nutrients. One report concludes that under some conditions breast-milk may be inadequate as the sole source of nutrients as early as three months (Committee on International Nutrition Programs, National Research Council, 1983). Complementary nutrients are usually needed at four to six months of age. The immunological properties of breast-milk provide protection throughout the breast-feeding period but the caloric and protein intake often is not sufficient during the latter part of infancy to maintain the child's growth and activity level.

It is important, therefore, that the child is breast-fed at least during infancy for nutritional, immunological and psychological reasons. At the same time, the need for complementary nutrients from mid-infancy should be kept in view. Attention should also be given to educating mothers about appropriate weaning foods and practices and hygienic handling of children's food.

Communicable diseases

Communicable diseases, when they do not kill the child, impair mental development by reducing the energy level and limiting the child's capacity to respond to learning

situations and to interact with other people. The significance of infectious diseases for the physical growth of children has been thoroughly explored. However, information about the effects of diseases on mental development is much more limited.

Examining the relationship between illness during the first six months of life and performance in mental and motor development tests, a study in Taiwan showed that healthy children were substantially more advanced than those who suffered from both or either of two sets of diseases grouped under the labels of gastro-enteritis and upper respiratory infections (Pollitt, in press).

All infections are also nutritional set-backs. A case in point is diarrhoea, which affects almost all the children of the developing countries, who on average suffer three to four bouts every year. It becomes a serious health threat in about 10 per cent of the cases and causes almost a third of all child deaths. Repeated bouts of diarrhoea limit the absorption of nutrients by the child's body, resulting in weakness, weight loss, vulnerability to further infections, and retarded growth. According to a World Bank study, "this combination is the major cause of chronic growth deficit, both physical and perhaps mental, in the more than 200 million deprived children in the world".⁽²⁾

Protecting children from the scourge of communicable diseases -stopping untimely deaths and preventing physical and mental impairment- must be a top priority in child development efforts. Appropriate national policies and goals have to be backed by measures widely applying the affordable remedies that are available, including immunization against the common preventable diseases, popularization of oral rehydration for treating diarrhoea, appropriate infant feeding practices, education about health, hygiene and sanitation and the expansion of clean water supply and sanitary facilities.

The family environment

The family under stress

The child is almost totally dependent on the care of others for survival and for physical and psychological growth.

Particularly at the earliest stage of life, the care is most likely to come from the parents or the extended family, which includes the members of a kinship group in which child upbringing responsibilities are shared by others besides the parents.

The family as an institution is under different kinds of stress almost everywhere. To give only one example, the pressures in rural areas that are incapable of supporting the poorest, usually landless families, as well as the pull of apparent greater economic opportunities in cities, place powerful tensions on both urban and rural families. One consequence is partial or complete family migration into the uncertainty of life in slums and shanty towns. An outcome of this migration process, on top of natural population increase, is that more and more low-income families live in cities, struggling for survival.

Family size and birth order

Large families consisting of many siblings levy a toll on the development of the child, particularly among low-income groups. A 40-year-old malnourished mother who has had six or seven previous pregnancies is not likely to offer an optimal intra-uterine environment for a new child, and she may not have enough breast-milk to meet the child's requirements during the first six months of life. Thus the child is placed at risk even before birth. The mother may also have difficulty in giving adequate care and attention to the new-born because of the demands for attention from the other siblings on top of the burden of her numerous household and other duties such as farm work.

The effect of the number of siblings on the child's development is reflected, in an extreme form, in infant mortality. Both in Santiago, Chile, and Monterey, Mexico, according to research reports, infant mortality was 40 per 1,000 live births for the first-born, whereas for the fifth or later-born children, this figure rose to 90 per 1,000 (Puffer and Serano, 1973). Numerous studies from different countries have reported a higher prevalence of malnutrition among larger families and a higher vulnerability to malnutrition of the later-born children (Gupta and Mwambe, 1976, and Roberts, 1975).

These findings do not necessarily prove that a large number of siblings in itself affects the child's physical and mental development; in fact, it can be argued that large families do not have the caretaking problems of small nuclear families, and that they provide greater opportunities for social interaction for the growing child. But large family size is often associated with a syndrome of conditions - low family income, closely spaced births, low level of parental education, pregnancy at too young or too advanced an age, and poor housing and sanitary facilities.

Family composition and mothers' employment

A potentially unpromising environment for the young child is the single-parent family headed by a mother who works away from home and whose income does not permit adequate alternative child care. Yet this is a typical situation for a sizeable number of families in the large urban agglomerations of developing countries - a number certain to grow in the future. In a shanty town of El Salvador in 1975, for example, 21 per cent of the families were found to be in this category (Nieves, 1979). This is not an exclusively urban phenomenon; in parts of Southern Africa, as many as one third of all families are single-parent and headed by women. In a growing proportion of households, in fact, women are the sole or main economic providers because of such factors as family dissolution, migration or male unemployment.

A number of factors need to be taken into account to understand the consequences of mothers' employment for child development. The negative consequences stem from reduced time for child caretaking, including breast-feeding; possible incompatibility of the mother's job with child care, especially at the early stage of the child's life; possible inadequacy of the substitute caretaking; and the lack or poor quality of supporting social services (see Engle, 1982). On the positive side, one must consider the additional income that enables the mother to purchase food and services; the enhancement of her social status that a wage-earning role may bestow on her; the self-esteem and competence she develops in managing the family affairs, including those related to child welfare; and the reduced fertility and increased spacing between births associated with women's

wage-earning. The evidence tends to suggest that any adverse consequences are related to meagre earnings as well as poor substitute caretaking, rather than the fact of mothers' employment.

Mothers' education

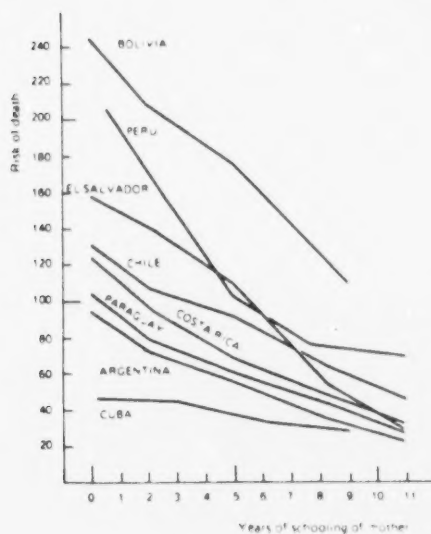
Evidence has accumulated in recent years to show that the education of mothers is one of the critical determinants of children's health, welfare and development. Over 24 separate studies in 15 different countries have established that the level of the mother's education -even within the same economic class- is a key influence. In various Latin American countries at very different levels of economic development, a decline in the mortality of children during the first two years of life was found to be consistently related to the increase in the number of years of schooling of the mothers (figure 1, page 15).

For the purposes of policy formulation, it is necessary to know more about the mechanisms through which female education influences child welfare, the most effective content and methodology, and whether a relatively limited participation in a literacy programme or in one or two years of formal or non-formal education makes a difference, since the masses of illiterate women are unlikely to have an extended opportunity for education in the near future. It can be stated, however, that the education of women affects the welfare and development of children in at least three ways:

- (a) Educated mothers, even those who have been exposed to a limited educational experience, are more receptive to, and more able to take advantage of, strategies and programmes designed to enhance the psycho-social development and life chances of children; they are more likely, for instance, to accept birth spacing. This openness is especially important where profound socio-economic changes are affecting the family and the role of women, such as urbanization, migration, changes in the rural economic structures and erosion of traditional norms of family behaviour;

Figure 1

Risk of death between birth and two years of age as a function of years of schooling of the mother, in selected Latin American countries, 1966-1971



Source: UNICEF/Economic Commission for Latin America, Indicators on the situation of children in Latin America and the Caribbean, 1979.

- (b) Mothers exposed to education provide their children with useful norms of learning and interaction and create a favourable environment for children's psychological development, transmitting useful skills and shaping children's intellect and behaviour in adaptive ways;
- (c) Women with education are likely to manage the resources of the household in a fashion that maximizes the benefit to the development of the child and are likely to have a greater say in family decisions.

Early childhood stimulation

Early stimulation is any activity that enhances the child's physical and psychological development. The activity may involve certain objects but it always demands a relationship between the child and an adult -a communication that may take the form of gestures, whispers, attitudes, words and many different types of expression. Stimulation is carried out by means of simple techniques which may be applied by anyone. They are educational and formative techniques which are often based on practices that previous generations traditionally used. They seek to achieve an attentive, loving and continuous communication with the child from the moment of birth and throughout the developmental period. They increase perceptual abilities by putting the child in contact with colours, sounds, odours, textures, flavours and exercises. With patience and continuity, they can develop the fine and gross motor functions of the child by means of massages, balancing, movements and games. The child is introduced to knowledge of the world from the moment of birth through a constant communication which includes images, relations, songs, numbers, stories and a feeling of security and affection. Children who do not receive proper stimulation in one form or another cannot develop their capacities as members of the human race. As the President of Venezuela said in launching Proyecto Familia (see pp. 27-28): "It is a matter of achieving the complete development of the child, considered

as a functional, dynamic, evolutionary entity within a specific cultural and historical setting, and especially of the child who lives in precarious conditions, so that he or she can face the demands of modern life with a maximum of intelligence and creativity". (3)

Studies of child rearing and its subsequent effects on developmental outcome in the early years have focused on three classes of stimulation: (a) the quantity and quality of tactile and kinaesthetic stimulation (body contact and body movement); (b) mothers' social interaction with the child, and (c) selected components of the home environment. Experimental studies of infants given supplemental amounts of kinaesthetic stimulation (body movement) in early infancy have shown improved developmental outcome. For example, it was found that increased visual, tactile and motor stimulation given to LBW infants in the first year of life resulted in better grasp reflexes, greater alertness and increased weight gain (Scarr-Salapatek and Williams, 1973). Comparative development studies of motor skills among African infants have indicated the benefits of greater physical contact with their mothers and other adults, resulting in greater tactile and muscular stimulation (Super, 1981).

The mother and other adults, including the father, play the role of mediator between the environment and the infant, serving as a catalyst for the infant's exploration of the surroundings. Although investigators differ on the nature of the specific behaviours of mothers that appear to be instrumental, they agree in their finding that the mother plays a significant role in the development of intellectual competence, as defined by intelligence quotient testing and exploratory or play behaviour. It has been observed in rural or impoverished areas of less developed countries that significant relationships exist between maternal verbal behaviours such as joining in "pretend" games, answering the child's questions and reading frequently to the child, and the child's performance on memory and development quotient tests (Rogoff, 1977, and Grantham-McGregor, 1983).

After the initial phase of rapid biological maturation, beyond the second year, environmental stimuli exert a relatively powerful effect on the development of the child.

Specific attention therefore needs to be directed to the degree of stimulation provided by the home. In developed countries, such elements of the child's home environment as the provision of appropriate play material, opportunity for variety in daily routine, the organization of the physical and temporal environment, and the care-giver's emotional and verbal behaviour were found to be significant predictors of the child's mental development after age three. Similar investigations conducted in less developed countries among rural and urban low-income groups have been less successful in determining the relationship between factors in the home environment and various measures of intellectual competence. The absence of conclusive findings, however, appears to have arisen from inadequate measuring tools and perhaps culture-bound concepts of what is relevant in the home environment.

Early childhood intervention programmes

Early childhood intervention programmes -providing a combination of non-formal education, health and nutrition activities, directed to infants and young children, and involving their mothers and other care-givers in the programme- have provided significant developmental benefits for the participants. In developed countries, centre-based or home-based intervention programmes designed for infants and pre-school children using different educational strategies have demonstrated that children improved their performance in aggregate measures of intellectual performance or on tests of specific cognitive processes (such as attention, learning and memory). The improvements have been attributed to motivational changes, better adaptation to test situations, the increase in the children's range of knowledge and changes in their use of cognitive strategies. The mothers or other main care-givers who participated in such programmes also showed more frequent verbal contacts with their children, adopted a more active role as mediators between children and their environment, became more knowledgeable about their children's developmental needs and increased their own self-esteem (Sinilansky, 1979).

The effects of early childhood programmes may vary depending on their timing and duration. That is, in pre-school programmes the evidence shows that the younger the child at the time of enrolment the greater the benefits; moreover, the longer the period the child stays in the programme, the greater the chances of protecting the child's psycho-social development against adverse environmental circumstances.

The evidence, in short, shows that multifaceted programmes embracing different activities such as non-formal education, nutritional supplementation and health care will provide significant developmental advantages to infants and children living under conditions of multiple deprivation. However, the cost and difficulty of implementing multifaceted programmes of this kind make them hard to promote widely in developing countries, which suggests that the emphasis there should be on designing community- and family-based, affordable and feasible approaches.

The nature of the stimulation needed by young children indicates that their psycho-social development can be promoted by essentially simple education and stimulation measures which can be made a part of normal caretaking. Some of the measures can be organized on a communal basis in combination with health and nutrition care and others can be implemented by the children's families, if the needs are recognized and if the caregivers in the family and the community know what to do. One example is play, which provides a means of exploring, developing and learning, and fosters the child's ability for social interaction, communication and language, physical mastery and manipulation, sensory stimulation and perceptual development. Psychologists and educators agree that the child's motivation to seek out and master increasingly challenging activities are compromised when the opportunities for informal and structured play are inadequate. An illustrative list of education and stimulation activities, which are simple but important for the child's development, is shown in annex I.

Many of the studies and projects cited in the foregoing discussion have referred to measurements of psycho-social development. These measurement scales, developed by researchers in industrialized countries, are of necessity complicated in content and form, require expertise to use

and interpret, and are not culture-free. Some UNICEF-assisted child development projects have attempted to use some of the scales, with mixed results. A pertinent question is whether simple tools of measurement based on a small number of essential indicators of psycho-social development can be devised which, with some adaptation and perhaps establishment of country norms, can be used widely by community workers and families for assessing the child's psycho-social developmental status. Such scales, analogous to the growth chart for assessing the nutritional status of the child, could be an enormous step forward in the promotion of child development. Research on the feasibility of such scales would be a highly worthwhile investment.

Conclusions from the review of research

Multiple deprivations result in cumulative deficit. In conditions of marked social, biophysical and environmental deprivation, the growth and development deficits observed in children will be magnified with increasing age. Among populations where PEM and infectious diseases are endemic and where the stimulation for learning is restricted, there is a cumulative adverse effect on children's development. The gap between their levels of intellectual functioning and that of appropriate reference groups will be wider as the children grow older.

Poverty exacerbates the risks for children. The family's economic situation is the most important single determinant of the probability and the intensity of the various risks affecting child development and of whether the child and the family can overcome the consequences of these risks through recuperative measures. The cruel dilemma that poverty poses for the welfare of children is illustrated by the effect on children's welfare of mothers' employment outside the home. The ill effects associated with mothers' work are evident mostly among low-income families, but it is in these families that the mothers' earning may spell the difference between having and not having food and clothing for the children. It is, therefore, essential that, in assessing the risks for children, in identifying groups at risk, and in considering policies and actions to alleviate

the consequences of the risks, the socio-economically disadvantaged groups should be the priority concern. Public policies for child development that do not lead to well-targeted actions designed to mitigate the consequences of poverty are unlikely to succeed.

The pre-natal period and the first years of life need the highest attention. Given the vulnerability of children at the perinatal stage and in infancy, ensuring favourable biophysical conditions for growth during pregnancy and the early stage of childhood should be the highest child development priority. It may be possible to mitigate the ill effects of early deficiencies by recuperative measures and by creating a supportive environment. However, in as much as the affected children are the victims of poverty in the first place, costly recuperation measures are bound to be more difficult to organize on an adequate scale than preventive measures at an earlier stage. Attention to physical survival and health, however, should not preclude attention to the psychological and social aspects of the child's growth and to providing the child with appropriate educational and interaction opportunities. Psycho-social stimulation for the young child should be combined with health and nutrition activities and built into the normal caretaking of the child without necessarily initiating new, narrowly focused stimulation programmes.

Community-based arrangements are needed for disadvantaged groups and children of working mothers. A distinction needs to be made between institutionalized pre-school education and community-based early childhood care and education programmes. Pre-school programmes of the conventional type, which concentrate on academic preparation and are essentially an extension of the formal education system, generally serve only a small proportion of children and fail to serve the most disadvantaged groups; they cannot yet be regarded as an important element of a national child development effort. Moreover, they cost too much to set up on a large scale in most developing countries. Rather, the needs of working mothers, the opportunity to supply children with basic health and nutrition care and the possibility of compensating to some extent for the socio-cultural disadvantages of the children of poor families call for pre-school programmes which adopt affordable non-formal

approaches, which pay attention to both the urgent psychosocial and the urgent biophysical needs and which are based on community participation and contributions. Women's employment is important for the survival and welfare of children among the poor and entails support services, so that children's well-being is not jeopardized by the absence of child care. A practical possibility is continuing the arrangements and activities initiated for the earlier age group (rather than enforcing an artificial cut-off point at 24 months) provided these arrangements can be adapted to the needs of the older age group without imposing an undue burden on public and community resources. Experiments with neighbourhood care, community-based paraprofessionals and other low-cost schemes show promise for helping socio-economically disadvantaged children.

Maternal education is of strategic importance. Irrespective of the family's socio-economic status, the education of mothers is positively associated with the welfare and development of children. The mother is likely to be the most important primary health care worker for the child. Giving the mother the knowledge and understanding of what the child needs and what she can do to meet these needs is the way to unleash the most potent force in favour of the child: the mother's love and concern for her child. While at least four years of primary school are generally regarded as necessary to achieve a sustainable level of educational achievement, even a shorter exposure to formal or non-formal education helps to make mothers open to new ideas and programme activities that benefit their children. Support for women's education, therefore, should aim both at a general improvement of women's educational level (through primary education and literacy efforts) and at special targeted activities for specific groups such as pregnant and nursing women and mothers of young children.

11. REVIEW OF CHILD DEVELOPMENT PROJECTS

UNICEF involvement

UNICEF at present supports a wide variety of early childhood development projects. Some projects provide direct services to children; others seek improvements through the education of care-givers -mothers, siblings, the extended family, neighbours or other community members. Some project focus on the three-to-six age group while others emphasize the period from birth to two. Some employ paid staff; others involve voluntary paraprofessionals. Some projects adopt an approach that is based in the home and others a centre-based approach. In brief, no one way to provide services and improve development is being promoted, and there is experimentation over a wide range.

These child development projects, like others assisted by UNICEF, are directed towards poor children and their families. The project draw on community participation and are set in locations where other problems affecting children are being attacked simultaneously through health, nutrition, or other programmes. UNICEF has not supported kindergartens or academic pre-school programmes serving privileged children. It has assisted Governments in the formulation of national policies (particularly during and in the aftermath of the International Year of the Child) and it has aided the preparation of pre-school learning materials.

In one group of projects, child development has essentially been added to primary health care or nutrition programmes affecting, in the main, children up to two. In Indonesia, for instance, mothers who bring their babies for periodic weighing are being shown how they can use toys made from local materials to help their children be more alert and active. In Jamaica, a nutrition recuperation project, partially supported by UNICEF, has incorporated new responsibilities for health aides, chosen from the community, who visit the homes of recuperated children to

help establish an education-stimulation regimen. The Jamaican experiment helps to keep children from slipping back into malnutrition and is testing the feasibility of one relatively low-cost approach to providing early stimulation.

Attention to pre-school-aged children is sometimes included in support for child-care arrangements associated with projects to help working women. For example, in Senegal, assistance is going to a programme of day-care centres for pre-schoolers when their mothers are heavily involved in agricultural work for several months of the year. The centres, run by the communities, provide parental education, immunization, simple health care, and midday meals for the children.

Other UNICEF-assisted projects started out specifically as child development projects. In 2,000 rural communities in highland Peru, for instance, a paraprofessional animador, chosen by the community and given some training (with UNICEF support), organizes daily learning experiences and a feeding programme for children aged three to six, in "children's houses" built or provided by the local community. The project serves as a stimulus for other community development activities. The Peruvian experience has been adapted to the Dominican Republic as part of a multisectoral programme including activities in health, nutrition, sanitation and water provision. To improve parent-child relationships at home, the Dominican project has established study groups for the parents whose children are enrolled in the pre-schools. The project now reaches 20,000 children and their families in one area of the Dominican Republic and is to be extended nationally.

India's massive programme for integrated child development services provides another example of a comprehensive approach to child development. Its objectives are: (a) to improve the nutritional and health status of children from birth to six; (b) to lay the foundations for the proper psychological, physical, and social development of the child; (c) to reduce the incidence of mortality, morbidity, malnutrition and dropping out of school; (d) to achieve effective co-ordination of child development policy and implementation among the various ministries involved; and (e) to enhance the mother's ability to look

after the child's needs, through proper nutritional and health education. The focal point for the delivery of this governmental programme is the anganwadi (literally, the "courtyard") of the community, where community workers, who receive a short training and are paid a small honorarium, provide early education, monitor the weight of children, held literacy classes for mothers and work with visiting health workers and doctors. UNICEF has contributed funds for training, monitoring and some equipment to help the programme to start up and expand.

Review of selected projects

UNICEF is, of course, only one actor in the support of early childhood development. To obtain a more general view of programmes designed to improve the health and development of young children, information was gathered on 42 projects, some of which are UNICEF-assisted, in a range of developing countries. Kindergarten or academic pre-school projects were not reviewed. Given the uneven nature of the available information, only the basic project features were compared (table 1).

Most of the projects are relatively new, going back no more than five to 10 years, indicating the recent and growing interest in child development. Some two thirds of the projects were from Latin America, reflecting the greater general interest there in organized early childhood programmes (a development fostered by relatively high per capita income, low mortality rates and high primary-school enrolment in comparison with Asia or Africa). UNICEF programming has the same tendency; co-operation in early childhood development projects has been proportionally greater in Latin America and the Caribbean than in other regions.

Table 1

Characteristics of 42 selected child development projects

<u>Characteristics</u>	<u>Number of projects</u>
<u>Primary objective</u>	
Comprehensive child development	20
Emphasis on psycho-social development	11
Prevention of disabilities/rehabilitation	5
Custodial care	6
<u>Coverage</u>	
Local	26
Regional or national	16
<u>Target age group</u>	
0-6 years	22
0-2 years	2
3-6 years	18
	18
<u>Organizational features</u>	
Home/family based	14
Centre-based	28
Tied closely to community development	12
Not directly tied to community development	30
<u>Main funding</u>	
Governmental	25
Non-governmental or private voluntary organizations	17
<u>Personnel</u>	
Community volunteers	22
Local paraprofessionals	20

Objectives

The major objectives of the early childhood projects reviewed fall into three main categories:

- (a) Promotion of a broad view of child development encompassing its physical, intellectual and social aspects and incorporating an active community role in the programme strategy;
- (b) Pursuit of a narrower child development goal emphasizing psychological and social stimulation, as in many pre-school programmes;
- (c) Prevention of disabilities and rehabilitation of those affected by early deprivation or trauma.

The project objectives are intimately linked with the content, clientele and the organizational arrangements. The above categories indicate only a relative emphasis on certain objectives; custodial care is an important element in most of the projects and it is likely that their original motivation in some cases was baby-minding, modified later by the recognition that day care can also serve the developmental needs of children. Most projects also have subsidiary objectives depending on the organizational features, coverage, sources of support and special interests of the organizers. The projects that complement a broader community development effort usually emphasize such corollary objectives as community participation, involvement and education of mothers and community self-reliance in meeting essential child development needs. Projects serving a small population in a limited geographical area usually seek to demonstrate an approach which, if successful, may then be extended.

Coverage

Twenty-six of the projects were local in nature, serving a few dozen to a few hundred children. Sixteen projects were national or regional. The integrated child development services programme in India, for example, is due to cover

20 per cent of the more disadvantaged pre-school population and pregnant and nursing mothers by 1985 and will eventually reach 50 per cent of the needy population. One of the more interesting initiatives in child development has been taken in Venezuela where a national Minister of State for the Development of Intelligence has been appointed and a nationwide educational and media campaign to promote child development has been initiated. The mass-media approach of the Venezuelan project (Proyecto Familia) is targeted at the whole population, with the aim of generating activities all over the country. Most of the projects give explicit priority to the more disadvantaged social groups and children. They do indeed serve the relatively underserved groups, but generally it appears to be extremely difficult to reach those truly at the bottom of the poverty scale.

In terms of age range, 18 projects concentrated basically on three-to-six-year-olds and 22 served children from birth to six. Only two focused on children up to two - a disturbing lack in view of the evidence that this age group is in greater need of help, both in the developing countries in general and in the more disadvantaged families in particular. This probably reflects a concept of child development projects modelled after the pattern in industrialized countries, which emphasizes the cognitive aspects of development at the pre-school stage.

Organizational arrangements and funding

Twenty-five projects were sponsored by the Government and the remaining 17 were privately sponsored. The larger projects with a sizeable geographical and population coverage tended to be under the auspices of government, either national or subnational. The smaller experimental projects, focused on specific aspects of child development, were generally under the management of voluntary and non-governmental organizations. An important issue concerns the means by which small-scale experimental and demonstration activities might be successfully incorporated into the designs and methods of larger programmes.

Only 11 of the 42 projects had organizational links with a broader community development effort complementing

and drawing on other development activities in the community. These projects also took a broader view of the developmental needs of children, emphasized community and family involvement and focused on the mother and the family rather than exclusively on the child.

Two-thirds of the projects used a specially designated physical facility - usually a pre-school centre - as the base for project activities. In the others, the activities were carried out through homes and families. The preponderance of pre-school centres reflects the emphasis on the three-to-six age group and on a model of psycho-social stimulation requiring a specific physical setting.

Personnel

In about half the projects, activities were carried out mainly by volunteers from the same community as the children, who had received short, practical training. In some cases they received a small compensation for their service. In Senegal, for example, the volunteer day-care centre workers were literate youths from the village who had been given a short training course by the local community development agent, assisted by Ministry of Health workers in the area.

In the other projects, the workers consisted mainly of paraprofessionals, who were often nominated by the communities they served. Their financial remuneration was small compared to that of the field workers of government departments and they were not regarded as a part of the civil service. But they differed from the community volunteers in having received a more systematic pre-service training, and they were considered part of the hierarchy of project personnel. Cases in point are the anganwadi workers in India and the Sarvodaya pre-school workers in Sri Lanka. In both instances, the workers went through a short but institutionalized training course and were integrated into the community development personnel structure, which is a government structure in the Indian programme and a voluntary set-up in the Sri Lankan one.

All the projects reviewed relied on community-level workers, either volunteers or paraprofessionals. In some cases, the mothers of the participating children served in their communities, receiving small or no compensation; they were not required to have much formal education or attend a long pre-service training course. An overemphasis on "professionalization" of personnel (rigid formal education requirements, credentials and training standards) was not a problem in the projects reviewed. All the projects, however, depended on professional guidance, technical support, and supervision for planning, management and operation. The support system of India's anganwadi programme, for instance, draws on the Government's health, education and social welfare departments. A medical officer assisted by lady health visitors and auxiliary nurse-midwives, on the one hand, and a child development project officer assisted by mukhya sevikas (supervisors of child development work), on the other, guide and supervise the community-level anganwadi workers.

Concluding points

Unclear national policies and priorities. The diversity in objectives, content, methodology, personnel and organizational arrangements of the various projects reflects, at least partially, differences in circumstances and needs, and is not undesirable in itself. Some of the differences, however, have arisen not so much from an assessment of the overall child developmental needs as from the particular interest of a sponsoring organization. Moreover, very few of the 42 projects reviewed, with a few exceptions, represent a national perspective and potentially nation-wide scope. Many of the individual projects are certainly serving their particular clientele successfully, but the total outlook is not encouraging, given the magnitude of the problems. The absence of national policy framework in many countries seems to have opened the way for public and private initiatives which have sometimes led to misdirected attention, wasted resources and scattered action.

Partial and narrow approaches. The lack of an overall policy for the developmental needs of all the children in a country is reflected in the types of project found in

the developing countries. While many projects adopt a comprehensive view of children's needs and pursue a multifaceted strategy, a large number of projects focus narrowly on intellectual stimulation for older children preparing to move into formal education. This is the case even in situations where basic child health and nutrition needs are far from being met, particularly for the younger children up to two. In the same vein, too many projects do not take into account the multiple influences on the child's welfare and development; their activities are directed exclusively at the child, neglecting the mother-family-community nexus. Such projects do not link up with or complement other community development efforts. The result is often a partial approach that is either ineffective or favours the relatively well-off.

Unresolved questions

Project experience suggests the importance of relying on volunteer and semi-volunteer workers from the beneficiary communities rather than insisting on the professionalization of child development workers. It is also evident that links have to be forged with other community development and service activities so as to prevent the child development project from being an isolated effort.

The projects have not, however, supplied clear guidance for the future as regards the relative emphases to place on different facets of child development, or the approaches to follow for the different stages of childhood. In part this reflects a weakness in project evaluation efforts, which have not raised appropriate questions. Such evaluation is also necessary for better understanding of the nature of child development in different socio-economic contexts.

The question of how to dovetail government and voluntary efforts is of great significance because both possess special strengths. Voluntary organizations figure prominently in child development in most countries. The projects under review appear to have operated largely on the basis of mutual non-intervention, without attempting to explore the possibilities for mutual support and reinforcement. On the whole they fail to provide useful lessons on this issue.

The projects do not shed much light on the important question of costs, largely because of weak evaluation and unclear project premises and approaches. Some budget information was available but provided no basis for judging costs and cost-effectiveness. There is a general lack of analysis of the costs -financial, human and in kind- and the relative benefits for different groups.

In summary, many of the projects have not been in existence long enough and do not have a strong enough evaluation component to provide definitive guidance for formulating child development policies and programmes. More systematic assessment of the projects' development and implementation undoubtedly would have yielded better results. One conclusion, however, emerges clearly: there is a dearth of initiatives for children up to two, even though these children are the most vulnerable in most of the countries.

III. POLICY AND ACTION IMPLICATIONS

While most of the growing and learning of the young child happens spontaneously through the maturation process, the environmental and cultural setting may impede or facilitate this process. The aim of policies and programmes to promote the psycho-social development of the child must be to create a social, cultural and physical environment that encourages the growth process.

Need for a comprehensive perspective

The multifaceted problems of the growing child require a multifaceted response. Efforts to promote child development, therefore, must adopt an integrated approach which blends health, nutrition and stimulation as well as other components as needed in a particular situation. It should also seek ways to strengthen traditional ways of coping with children's needs and to insert psycho-social aspects into existing health, education and other community services, rather than initiating new programmes.

Priorities must be determined and a national policy framework established. Obviously, all the environmental deficiencies cannot be remedied for every child, however desirable that may be. It is essential, therefore, even when a multifaceted approach is adopted, to assign priorities and to exercise selectivity in deciding on appropriate actions to promote child development. The choice of priorities and actions must be guided by an understanding of the nature of child development and must take into account the following main factors: (a) the developmental stage or the age of the child; (b) the major risk factors affecting the child, the social services available, and the capacity of families to meet the basic needs of children in the particular socio-economic situation; and (c) the economic and institutional feasibility of the planned actions. National efforts, if they are to measure up to the needs in child development,

have to be based on clear indications of national objectives, policies and priorities. A framework of national policies and choices will in turn guide the choices made by government and voluntary agencies and communities so that they can address the most urgent problems and the problems of the neediest in the most effective manner.

Greater awareness of the psycho-social aspects of growth is needed. Without disregarding the urgency of survival and health for the vast majority of children in developing countries, it has to be recognized that the psycho-social development of children also needs systematic attention. Much greater efforts are needed to sensitize all those who come in contact with the child - including health and nutrition workers, community development agents, social workers, mothers, other family members and those involved in income-producing activities for women - to the need and the possibility of incorporating the psycho-social dimension into their activities for the welfare of children. It is not enough to accept only conceptually a broad view of the physical, psychological and social aspects of human development, this view must be reflected in programme approaches. Programme strategies which concentrate on urgent needs in both the biophysical and the psycho-social aspects of development should be encouraged.

Poverty should be an important programme criterion. Poverty contributes in a major way to the creation of the eco-cultural and biophysical disadvantages of children, exacerbates the effects of these disadvantages, and prevent families and social groups from taking remedial measures -thus condemning the affected children to continued suffering. The prime aim of public policies for child development must be to mitigate the adverse consequences of poverty for the child and find means to contribute to the redistribution of income.

Constellations of needs and responses

Annex II provides a schematic presentation of the types of developmental problems (risks) faced by children, their causes and the appropriate programme activities.

The clusters of suggested responses build on the set of high-priority actions, addressing the most urgent problems for child survival and health, advocated in the UNICEF reports on The State of the World's Children 1982-83 and 1984. The additional dimension proposed here is the emphasis on the synergistic relationship between physical growth and psychosocial growth and the need to pay attention to the psychological and social aspects of the child's development at the same time as addressing the urgent health and survival needs.

The attempt to differentiate the problems faced by children in different socio-economic situations follows the policy guidelines for programme approaches in different socio-economic situations (E/ICEF/L.1453), approved by the Executive Board in 1983. The suggested programme emphases are not rigid prescriptions, but indications. This kind of differentiation needs to be applied not only to countries but also to subregions and social groups within countries. It should also be noted that infant mortality rates and per capita income are not invariably related; it is always necessary to examine the peculiarities of a particular situation.

Organizational and institutional issues

Programme organization should allow diversity and flexibility to meet varying needs. For children up to two, when biological maturation occurs rapidly, health and nutrition care and a supportive home environment are needed, rather than centre-based institutional arrangements, except where custodial care is important. The main intervention at this stage generally would be the effort to improve the knowledge and understanding of mothers and other care-givers of children's developmental needs and what they can do to create a supportive environment. For the child in the three-to-six age group, the need for greater social interaction with peers, exploration of the larger environment beyond home and the circumstances of working mothers will generally require a more institutionalized communal approach, for which a range of alternatives exist. The appropriate choices

have to take account of the human and material resources available and the possibility of reaching all children in need of the services, particularly among the impoverished groups. Organizational arrangements that involve families, communities and voluntary organizations are likely to respond effectively to the varying needs.

National and regional bodies should assume a supportive and facilitative role. While national policies and priorities for child development should be as clear as possible, the national Government's role should not centre on regulating, controlling, directing and licensing institutions, programmes and personnel. Rather, the formulation of national policies and the launching of government-initiated programmes should lead to the creation of a framework for (a) allocating public and private resources wisely and effectively; (b) defining the complementary roles and functions of different government and non-governmental organizations and bodies contributing to child development; and (c) facilitating the effective participation of all parties concerned. Local institutional and organizational structures such as local government bodies, co-operatives and local voluntary agencies are likely to be the most effective means for integrating and co-ordinating at the community level the different services and activities which affect child development.

Programmes should be linked with community development efforts. Child development efforts linked with and set in the context of broader community development programmes are likely to be more effective in generating the necessary multisectoral support and involvement of the community, family and local organizational structures. Successful community development programmes depend on the mobilization of the community members towards a common goal. The healthy growth and development of children is a goal shared by most members of different communities across different social and cultural contexts. Consequently, child development programmes may provide a strong basis for carrying out multifaceted community programmes.

Primary schools should adapt their programmes to help children from diverse backgrounds to prepare for formal education. Institutionalized pre-school programmes are often defended on the grounds that they prepare the child for the primary school. However, such programmes should

not bear the entire burden of psycho-social preparation for and adjustment to primary education. While non-formal approaches involving the family and community can also have an important effect on child adjustment and performance, the first year of primary school also can and should take on the task of helping youngsters to adjust to the formal education routine. From the point of view of equity and efficient use of resources, this is likely to be a desirable approach. In fact, it has been observed in many countries that when children have been properly stimulated during their first six years, it becomes even more necessary to carry out long-overdue improvements in primary education.

Cost and resource mobilization

Economically affordable approaches must be developed. A major obstacle to the expansion of child development services is the fact that poor countries and communities cannot afford them. Any programme approach or institutional model advocated must be economically feasible beyond the initial pilot stage when external assistance may cover the costs. The assessment of economic feasibility should include the following considerations: (a) the programme approach should facilitate the active participation of the community and the mobilization of the community's resources; (b) the programme methodology should rely on simple technologies and equipment which are locally replicable and which lead to greater self-reliance; (c) the programme model should be open to potential synergistic relationships with other development activities and should take advantage of "piggy-backing" possibilities; and (d) the programme should be economically affordable when expanded to serve all those who are considered to be in need of the services. The long-term unit costs of programmes, for instance, should bear a reasonable relationship to per capita income and per capita government budget expenditure.

Different kinds of costs should be matched against all identifiable benefits. The consideration of costs should include not only the budgetary and monetary costs, but also the contributions made in kind, people's time and various opportunity costs (other benefits forgone because time and

money have been put into a project). The comparison of costs and the identifiable short-term and long-term benefits is at the heart of applying cost-effectiveness principles, because a project's costliness depends on the benefits it brings and not just on the size of its budget. Another important consideration from the point of view of equity concerns the incidence of costs and benefits: who bears the costs and who receives the benefits.

A balanced perspective of needs should guide resource allocation. An important tenet in considering cost is to allocate resources according to an established order of priority. The developmental needs of children, however, cannot be defined in mutually exclusive and discrete categories. The physical vulnerability of the infant and the small child in developing countries must receive the highest attention; at the same time, the sensory, motor and verbal stimulation of young children is no less important for their growth, but these measures can be integrated into health and nutrition measures and normal caretaking at home if the need is recognized. Similarly, expenditure for formal pre-school education would be inappropriate when large numbers of children do not have the opportunity of primary education, but disadvantaged families and communities may need help to enable their children to take advantage of whatever primary schooling is available. It is essential, therefore that an appropriate balance is struck in devoting resources to the different aspects of the child's needs at different developmental stages.

Evaluation and learning from experience

Evaluation should provide information about both process and outcome for better operational guidance. Systematic attention should be paid to acquiring baseline data, clearly specifying the desired outcomes of a project and defining indicators for monitoring progress and outcome. Both process and content should be regularly monitored by the institution providing services as well as by the participating community.

Evaluation should signal any need for a shift in programme focus under changing circumstances. The balance

between survival and health measures and psycho-social stimulation will bear close watching, as the direct threat to survival and health recedes for certain countries and groups of populations, and the post-survival conditions of poor children become the main obstacles to their normal development. The monitoring and evaluation of programmes should be sensitive to signals that indicate the need for a shift in programme focus arising from such symptoms of "development" as increased participation by women in the labour force, migration to cities and erosion of traditional child-care practices.

Research on unanswered questions should be supported. Research and studies should be directed selectively to questions which need to be answered for a better understanding of child development interventions and for improving their effectiveness. Some topics that deserve high priority in research are: (a) developing simple and widely applicable indicators and scales for assessing children's psycho-social growth; (b) the consequences for the child of a reduced energy balance as the result of malnutrition; (c) tools and methods for assessing the quality of interaction between the young child and the mother and other care-givers in different socio-economic circumstances; and (d) evaluation of cost-effective approaches for promoting psycho-social development in the early and late stages of childhood in different socio-economic situations.

"Do's and 'don't's" in UNICEF programme co-operation

The nature of children's needs in developing countries and the limitations of resources dictate certain rules of thumb which can be generally applied in UNICEF co-operation programmes. In general, UNICEF should not adopt the following approaches:

- (a) It should not support projects which concentrate mainly on the academic preparation of pre-school children to the neglect of the needs of younger children and the pre-natal stage or projects dealing in an isolated way with a particular component of child development;

- (b) It should not support projects which are not clearly directed towards, and do not achieve some success in serving, the children of disadvantaged groups;
- (c) It should discourage an insistence on academic qualifications and long training for child development workers that would prevent community volunteers from managing the activities and prevent communities from being self-reliant;
- (d) It should not encourage the trend of constructing special facilities exclusively for pre-school programmes;
- (e) It should not support the use of imported equipment and commercially produced toys and play materials;
- (f) It should not support projects with cost patterns that would prevent their large-scale expansion or replication.

Conversely:

- (a) UNICEF should encourage and support national efforts to diagnose the full range of developmental needs of children (survival and health as well as psychosocial elements), to assess the outreach of child development services and to formulate national objectives, policies and priorities as the basis for working out cost-effective approaches for serving the neediest groups in different socio-economic situations;
- (b) UNICEF should encourage broadly conceived organizational approaches that, on the one hand, address in a co-ordinated way the urgent survival, health and development needs of children, and on the other, bring the family, the community and government and non-governmental organizations together into a coherent programme effort, linking it, when appropriate, with a broader community development effort;

- (c) UNICEF should encourage and support such research, experimentation, evaluation and exchange of experience as are helpful in answering operational and methodological questions about effective approaches in different socio-economic situations; UNICEF should also seek the collaboration of universities, interested non-governmental organizations, specialized agencies of the United Nations such as WHO and Unesco, and funding agencies such as the World Bank and bilateral donors;
- (d) UNICEF should use its multisectoral strengths to encourage multisectoral collaboration in child development in order to incorporate the education-stimulation dimension into health, nutrition and custodial care activities and vice versa; it is a question not only of child survival but of the fullest possible development, according to existing knowledge, of the genetic potential of the human being;
- (e) UNICEF should support economically feasible community-based approaches for combining custodial care with psycho-social stimulation and primary health care in situations where rapid socio-economic changes (such as growth of urban slums, large numbers of mothers in outside employment, or high proportions of single-parent families) have disrupted children's natural environment for growth; the emphasis should be on home and family-based activities, particularly for the early stage of childhood and existing or traditional arrangements for child-rearing should be relied on as much as possible;
- (f) UNICEF should emphasize the critical role of the mother in child development activities and support improvement of the general level of women's education as well as specific educational activities for women of child-bearing age;
- (g) UNICEF should promote an awareness of the role of play in young children's biological maturation and the development of their mental faculties and encourage the making of toys and playthings from household objects and widely available materials;

- (h) UNICEF should encourage adjustments in the programme of the primary school, particularly its first year, to facilitate participation by children from disadvantaged groups, rather than viewing institutionalized pre-school programmes as the main approach for psycho-social preparation for school. Moreover, the primary education system will need improvement in any case to meet children's needs when they have received adequate early stimulation;
- (i) UNICEF should support efforts to educate opinion leaders and decision makers as well as the public about the multifaceted needs of children and ways of meeting them; this would include supporting the compilation and dissemination of authoritative information on child development; comprehensive child development should become a national undertaking in every one of the countries with which UNICEF co-operates. Indeed, any wide-ranging programme designed to achieve this goal depends absolutely on the foresight and determination of Governments at the highest policy-making level.

FOOTNOTES - PART A

1. Based on a definition of risk by an expert committee of the International Union of Nutritional Sciences (International Union of Nutritional Sciences, "Guidelines on the at-risk concept and the health and nutrition of young children", American Journal of Clinical Nutrition, vol. 30, No. 2, 1977).
2. World Bank, The Narangwal Experience, in press.
3. Adapted from Luis Alberto Machado, "The democratization of intelligence", statement issued by the President of the Republic of Venezuela.

Annex I

ILLUSTRATIVE LIST OF PSYCHO-SOCIAL STIMULATION ACTIVITIES FOR THE YOUNG CHILD

0-2 years	3-6 years
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Social interaction

Child should have frequent contacts with mother (breast feeding, carrying) and with other family members. Let child observe and be a part of activities of family life and play with siblings and peers. Teach simple words, repeat syllables the child utters, give child simple explanations.	Tell stories and encourage child to respond. Listen to what child says, listen to child's stories, reply to child's questions. Permit child to be with peers and siblings and take part in play and group activities.
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Physical mastery and manipulation

Freedom of movement; plenty of time for bathing; and gross motor stimulation. Place within reach objects which child can grasp and bring to mouth without danger. Help child to get up, sit up, move around and walk.	Teach child to jump with feet together, to hop from one foot to the other. Teach child to jump as high as possible, to leap and run. Let child carry a receptacle filled with water or sand.
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Sensory stimulation and perception

Bright moving object can be placed in front of child to be followed with eye movement. Let child play with water or sand and get dirty. Provide child with household or simple play objects to manipulate.	Have child recognize objects, colours, fruits and foodstuffs. Teach child to sort objects by size, shape and colour. Allow child to create toys out of household objects. Provide materials for drawing and painting.
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Emotional well-being and personality

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|---|--|
| Laugh, sing, play with child, tell stories. | Assign simple and pleasant tasks. |
| Provide encouragement and approval for efforts made by child. | Provide child with opportunities for new events and experiences. |
| Let child initiate own activities. | Allow child to play with safe household tools. |
| | Let child assume responsibility for simple household tasks. |

Language development

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| Encourage child to laugh, coo and make sounds. | Encourage child to describe things and situations. |
| Let child name objects, people and pictures. | Use a varied vocabulary when speaking to child. |
| Teach words for parts of the body. | Introduce child to reading materials. |

Source: Compiled from International Children's Centre, The child and his development from birth to six years old, UNESCO, 1976, pp. 37-40, and C.Z. Cataldo, Infant and toddler programs: a guide to very early childhood education, Addison-Wesley, 1983, p. 124.

Annex II

MAIN PROBLEMS OF CHILD DEVELOPMENT AND INDICATIVE PROGRAMME EMPHASES IN DIFFERENT SOCIO-ECONOMIC SITUATIONS

A. High infant mortality context

(Infant mortality over 100 per 1,000 live births;
female literacy rate under 40 per cent;
fewer than one third of children with access
to health services;
per capita income under \$400)

Main risk factors	Programme emphases
<u>Pre-natal stage (conception to birth)</u>	
Low calorie and protein intake prior to and during pregnancy	Pre-natal maternal health care including screening for high-risk pregnancies
High prevalence of anaemia	Nutrition advice and selective supplementation
High incidence of infections	Family spacing advice and service
Closely spaced pregnancies	Women's education on nutrition, mothers' health and child care
Pregnancy at early age	Women's education in general
<u>Early childhood (0-2 years)</u>	
Large proportion of low birth weights	Immunization of children
High prevalence of protein-energy malnutrition	Growth monitoring and selective dietary supplementation
High prevalence of micro-nutrient deficiencies	Development of appropriate and inexpensive weaning food
High incidence of gastro-intestinal and upper respiratory infections	Mothers' education focusing on breastfeeding, oral rehydration and early physical-verbal stimulation
No immunization	Water and sanitation programmes
Poor visual and sensory stimulation	
Highly deficient motor and verbal stimulation	

Maternal malnutrition and anaemia during lactation
 Inadequate breast-milk, supplementation and weaning food
 Poor domestic water supply, sanitation and hygiene

Late childhood (3-6 years)

High prevalence of protein-energy malnutrition	Growth monitoring, selective family food supplementation and specific dietary supplementation
High prevalence of micro-nutrient deficiencies	
High incidence of infections	Communal or neighbourhood play groups combined with custodial care as needed
Unsafe home environment	
Deficient social and verbal interaction	Early screening and detection of disabilities
Inadequate play materials	
Inadequate or absent caretaking	Mother's education on child nutrition, psycho-social stimulation and safe home environment
Undetected hearing and sight problems	
Family instability	Promoting women's employment compatible with child rearing

B. Medium infant mortality context

(Infant mortality 50-100 per 1,000 live births;
 female literacy 40-70 per cent;
 about half of children with access to health services;
 per capita income \$400-\$1,000)

Main risk factors

Programme emphases

Pre-natal stage (conception to birth)

Low calorie and protein intake prior to and during pregnancy	Pre-natal maternal health care including screening for high-risk pregnancies
Prevalence of anaemia	
Closely spaced pregnancies	Family spacing advice and services
High incidence of infections	
Insufficient pre-natal care	Women's education on nutrition, mothers' health and child care

Early childhood (0-2 years)

Prevalence of low birth weight	Universal immunization
High incidence of infections	coverage
Micro-nutrient deficiencies	Growth monitoring and specific dietary supplementation
Decreasing breast-feeding and detrimental weaning practices	Mother's education on breast-feeding, weaning food, oral rehydration and physical-verbal stimulation
Partial immunization coverage	
Deficient motor, sensory and social stimulation	

Late childhood (3-6 years)

Micro-nutrient deficiencies	Growth monitoring and specific dietary supplementation
Deficient psycho-social stimulation	Communal or neighbourhood play groups combined with custodial care as needed
Inadequate or absent care-taking	Early screening and detection of disabilities
Undetected hearing and sight problems	Mothers' education on child nutrition, psycho-social stimulation and safe home environment
Accidents	Legislative measures against child abuse
Child abuse	

C. Low infant mortality context

(Infant mortality under 50 per 1,000 live births;
female literacy over 70 per cent;
over half of children with access to health services;
per capita income over \$1,000)

Main risk factors	Programme emphases
<u>Pre-natal stage (conception to birth)</u>	
Alcohol and smoking	Women's education on nutrition,
Single mothers and non-supportive family environment	mothers' health and child care
Environmental toxins	Screening and detection of high-risk pregnancies
	Pre-natal counselling
<u>Early childhood (0-2 years)</u>	
Some infections	Special attention to groups not receiving adequate health and social services
Some micro-nutrient deficiencies	Mothers' education, focusing on breast-feeding, oral rehydration and early physical-verbal stimulation
Decreasing breast-feeding	
Deficient motor, sensory and social stimulation for some	
<u>Late childhood (3-6 years)</u>	
Micro-nutrient deficiencies	Neighbourhood play groups or pre-school activities combined with custodial care as needed
Accidents	Early screening and detection of disabilities
Deficient psycho-social stimulation for some	Mothers' education on child nutrition, psycho-social stimulation and safe home environment
Child abuse	Legislative measures against child abuse
Environmental toxins	Government clean-up programmes and community education on environmental pollutants

The following pages sketch out, with examples, components of a strategy for enhancing early childhood development. Five interlocking approaches to programming are described and a set of programme options is provided for each approach. These pages are taken from the final draft of a manual prepared by UNICEF for programme officers who are responsible for early childhood development projects in UNICEF field offices. The first four chapters of that manual, which will not be presented here, discuss:

- . The overall status of early childhood programmes in the Third World
- . UNICEF's previous involvement in the field
- . The main principles and goals of early childhood development
- . Identifying children who are "at risk" of delayed development
- . A set of guidelines for UNICEF programming

A final section of the manual will discuss the programming process itself and the need to balance four sets of criteria when making programme decisions: needs, feasibility (in terms of resources, available technology, organization, and political will), characteristics of a good programme, and UNICEF's own guidelines and constraints. These parts of the manual draw heavily on the UNICEF policy paper presented in the first part of this Digest.

The description of an early childhood development strategy presented here also draws on material from the policy paper but adds considerably to the document. Because the two documents are complementary it seems appropriate to combine them in this Digest.

PART B

PROGRAMMING FOR EARLY CHILDHOOD CARE AND DEVELOPMENT

Complementary Approaches and Programme Options

I. FIVE COMPLEMENTARY APPROACHES TO ENHANCING CHILD DEVELOPMENT

For many people, a child development project or programme immediately conjures up the image of 25 or 30 small children, aged 3 to 5, in a "pre-school" classroom, playing with blocks or fitting triangles and squares into brightly colored puzzle boards. The image is limiting and, more often than not, an inappropriate guide to UNICEF programming. The model envisioned is focussed too narrowly on a child's mental development, is expensive, and begins late in the child's life. It also involves a direct, "institutional" approach leaving out parents and the community.

There are, of course, many possible ways, in addition to support for formal pre-schools, of responding programmatically to the basic needs of children who are "at risk" of delayed development. This paper will describe a range of alternatives, only some of which will be appropriate in any given location.

Why consider a range of possibilities instead of describing one or two recommended models? First, the locations within which UNICEF works are extremely varied, bringing with them different sets of needs, possibilities, and constraints. Second, programmes should emerge from a process of local assessment (of needs and of what is already being done) rather than result from imposition of a formula by an outside organization. Indeed, it is helpful to be reminded periodically that UNICEF does not itself carry out programmes; rather, it assists nations in their programme activities.

Third, although UNICEF should not impose and implement programmes of its own, one of its contributions is often to help governments think through programme possibilities not previously considered, based on experience UNICEF has accumulated working in other countries. The description of possibilities offered here is intended to help that process. And, finally, the several dimensions that characterize an integrated view of child development help to create a wealth of programming possibilities that defy treatment by formula.

The general goal of enhancing child development can be approached directly by supporting child development centres that provide child care and development, or indirectly by concentrating on the education of family members, by fostering community development, by strengthening available resources, and by advocating policies favouring the child. These variations distinguish five complementary programme approaches:

1. Delivering a Service: Supporting Child Care and Development Centres. The immediate goal of this direct service delivery approach is to enhance child development by attending directly to the needs of children in a centre located outside the home.
2. Educating Adults. This approach, once removed from direct attention to the child, is intended to help parents and others through education in ways that will improve their interaction with the child and enrich the immediate environment in which child development is occurring.
3. Promoting Community Development. Here, emphasis is on working to change community conditions that may adversely affect child development. The strategy stresses community initiative, organization, and participation in a range of inter-related activities, including child development activities, which will also benefit the community at large.

4. Strengthening National Resources and Capacities. Resources may be financial, material, or human. The capacities in question may be policy-making, planning, organization and management, implementation, or evaluation capacities. This approach may involve institution-building, training, provision of materials, or experimentation with innovative techniques and models.
5. Social Marketing and Advocacy. This programme approach concentrates on the production and distribution of knowledge in order to create demand, strengthen political commitment, and/or inform the policy-making process.

Any overall plan for enhancing child development should pay attention to all five of the approaches distinguished here. All five are potentially viable candidates for UNICEF support. Usually, however, UNICEF is not in a position to support all that needs to be done. And, in any particular setting some parts of the larger picture will need more attention than others. Other organizations may be attending to part of the picture. Distinguishing these general approaches is, therefore, intended to help identify ways in which the limited funds UNICEF commands might be used most effectively.

Although the general goal of all five strategies is to enhance early childhood development, each has different immediate objectives and each is directed, initially, towards a different audience. Figure 1 summarizes the five complementary approaches in terms of the principle objectives and audience(s). The Figure also lists different models that have been used to reach the objectives. In the remaining pages, these approaches and models will be described and some lessons drawn.

Figure 1

Programming for Early Childhood Development:
Complementary Approaches and Models

<u>Programme Approach</u>	<u>Participants/ Beneficiaries</u>	<u>Objectives</u>	<u>Models</u>
1. Deliver a service	. The child - 0-2 - 3-6 - 0-6	. Survival . Comprehensive development . Socialization . Rehabilitation . Child care	. Home day care . Integrated child development centres . "Add on" centres . Workplace . Pre-schools: - formal - non-formal
2. Educate caregivers	. Parent/family . Sibling(s) . Public	. Create awareness . Change attitudes . Improve/change practices	. Home visiting . Parent education . CHILD-to-child programmes . Mass media
3. Promote community development	. Community - leaders - promoters - members	. Create awareness . Mobilize for action . Change conditions	. Technical mobilization . Social mobilization

<u>Programme Approach</u>	<u>Participants/ Beneficiaries</u>	<u>Objectives</u>	<u>Models</u>
4. Strengthen national resources, capabilities	. Programme actors - Professionals - Para- professionals	. Create awareness . Up-grade skills . Increase material resources	. Training . Experiment/ demonstrate . Strengthen infrastructure
5. Advocate	. Policy-makers . Public . Professionals	. Create awareness . Build political will . Increase demand . Change attitudes	. Social marketing . Ethos creation . Knowledge dissemination

II. SERVICE DELIVERY: SUPPORTING CHILD CARE AND DEVELOPMENT CENTRES

Whether or not it is useful to support a particular centre-based programme will depend on who is served, on the content of the programme in relation to particular needs of the children and families served, and on the way in which the programme is organized and carried out - its quality, cost, degree of community participation, etc. A centre-based approach to child development may be difficult to justify, for instance, if the main population to be reached is the group of children under two years of age. However, even for very young children, an institutional service approach may be appropriate when it is necessary to provide child care because mothers must work and other social support systems are lacking. This is increasingly the case in urban areas as migration in search of work continues and as support from the extended family is left behind. Centres are easier to justify for children aged 3 to 6 who need to interact with other children, who may profit from consistent attention by an adult who is not their parent, and who need exposure to skills and ways of thinking (and sometimes a dominant language) that will help them prepare for primary schooling.

How appropriate support to create and operate early childhood development centres is, may turn as much on their ability to respond to health and nutrition needs of children at risk and/or on the ability to spark community actions, as it does on a response to pressing needs for mental and social development. That said, the importance of the effect enhanced child development can have on child survival must be kept in mind and a special effort made to assure that the developmental objectives do not get shunted aside.

A wide variety of centre-based models have been put into practice or experimented with. These include:

1. Home day care centres
2. Integrated child development centres

3. "Add on" programmes
4. Child care centres in factories, marketplaces, and co-ops
5. Pre-schools

Each of these arrangements has some advantages and disadvantages. Each responds to different circumstances.

Home day care

One of the least "institutional" forms of centre-based care and education is home day care (sometimes called family or neighbourhood day care). Home day care refers to an arrangement in which several young children are cared for in the home of a person who is not immediate family. The caregivers are often neighbours who have a young child of their own at home, and who are not formally trained caregivers. The child care arrangement may be informal and private, without any connection to a formal network of providers or services. Or, home day care can be formalized and linked to other services and supported with some training and on-site assistance for the caregivers. Payment for the service may be in kind or in money. The care provided may be only custodial, involving little or no developmental content. There is a presumption, however, that care provided in a home for a small number of children will not only assure a safe and healthy atmosphere but also respond to the developmental needs of attachment, security, interaction and exploration.

The home day care model can fit well with the guidelines set for UNICEF programming. It can be a "low-cost" option that is also "community-based". It is likely to build on existing local practices. Integration can be achieved through training and in the supportive services provided to caregivers. Home day care can even generate income, prestige, and self-confidence for a limited number of caregivers.

However, several cautions should be added when considering support for a home day care system. First,

unless training and supervision are relatively good, quality can be very poor. Conditions can be unsafe and attention minimal. That possibility is exacerbated if the system is not linked to other supporting services. Second, home day care can be relatively costly, depending on how it is set up. If low costs are obtained by exploiting women caregivers or skimping on support services, unhappy caregivers, low quality service and a purely custodial programme may be the result. Third, under some circumstances, a decision to provide home day care can allow governments to avoid making more permanent commitments to institutionalized day care in which case gains may disappear with a change of government. Finally, home day care is often rationalized in terms of the family-like atmosphere it provides for a child. However, caregiving in a home by someone who is not a child's mother and who must mind other children as well is not the same as caring for a child in its own home. It is not necessarily the same as family care. It requires some management skills as well as parenting skills. These cautions notwithstanding, home day care is a potentially important mode of responding to the developmental needs of young children and provides a viable alternative to formal child care centres, particularly for children aged 0-3.

Home Day Care Examples

An instructive example of a model home day care initiative comes from Venezuela. A programme was established in 1974 to provide mothers working outside their homes with access to child care in which their children would be safe and well-cared for. The resulting system of home day care was an outgrowth of the natural forms of child care found in the poor neighbourhoods to which it was directed. Day care mothers, who had to be at least 18 years old, were paid a small stipend (part by the government and part by mothers using the service) to care for only five children under the age of six in their homes for twelve hours a day. Care included health, nutrition, and education in an established routine. Homes had to meet requirements for safety and hygiene. The programme equipped homes with some furniture and materials.

To develop and implement the Venezuelan programme, the Children's Foundation, a quasi-governmental organization presided over by the President's wife, joined with governmental agencies including housing, public works, health and social services, social security, and nutrition. Each day care mother received training and was aided by a technical support team consisting of a social worker, health worker, and a teacher serving each group of 20 homes. A neighbourhood coordinator was responsible for each 60 homes. According to an UNICEF-supported evaluation of the Venezuelan programme,

"The day care mothers provide the children with the necessary custodial care, are alert to their basic needs, abide by the stipulated daily schedule, know the norms governing the programme, have basic knowledge in the areas of health, nutrition, and child development, prepare and serve meals, protect the children against dangerous situations, take care of the children's personal hygiene, and give the children a home-like environment until the arrival of their mothers."

As might be imagined from the description, this particular version of day care was relatively expensive (less expensive to the government than formal day care in large nurseries, but still expensive). At the time, Venezuela was benefitting from an oil boom and felt it could afford the costs. Although the programme grew to include 1,260 day care homes in 42 neighbourhoods in Caracas, overall coverage remained limited. Moreover, with a change of government, political backing for the home day care system disappeared and the leveling off of oil prices created renewed cost concerns. Although some day care mothers continue to provide services on their own, the programme, as such has died out.

Two other examples of home day care, both from Cartagena, Colombia, illustrate home day care that is less costly and involved greater community participation. Again, the origin of the programme was with the need of working mothers in marginal areas for healthy and safe care for their children. In this case the critical need seemed to be for care of

children between the ages of 2 and 4. Several women from the community were identified who were willing to provide care for up to 10 children in their homes. The women were given training and helped by a promoter to monitor children's health, provide meals, establish a safe and sanitary environment, and provide cognitive stimulation. From this initiative grew another. To extend the day care coverage, other members of the community volunteered to provide care in their homes for between 10 and 25 children under the age of four during the morning. The children, selected by the volunteers, were provided with a morning snack with food obtained through the Family Welfare Institute. Volunteers also received some training in child care, basic health, and skills for working with young children. Coverage in these two cases was limited to part of one city. Although the cost of the home day care was reduced considerably by increasing the number of children included and the system did meet the need of working mothers for custodial care, there is no evaluation to indicate whether or not the programme positively affected the development of participating children. Nevertheless, the experiment provided an alternative to the large and expensive centres being supported by the Family Welfare Institute. Its value was recognized and the idea has been replicated in other parts of Colombia.

Another example of UNICEF-supported home day care comes from Guayaquil, Ecuador, where a day care system is supported as one sub-project within a more general urban basic services strategy. The broader programme brings together primary health care, women's income generating activities, nutrition, and social communication. Home day care mothers, who care for up to 10 children, aged 0-6, receive some training and are also helped to improve their homes. They are paid a minimum wage. Mothers who leave their children to be cared for form a committee to oversee the process. One committee member is charged each week with purchasing food for the children's needs. The day care system is linked to other supportive services and supervision is provided. The system seems to provide adequate care for children and has given an income earning opportunity to some women. It has, however, remained a relatively small programme.

These examples, although briefly sketched, illustrate the potential for responding to children's basic needs through a home day care service model. They also provoke questions about cost, quality, effect, scale and sustainability.

Integrated child development centres

A very different mode (from home day care) of attending directly to young children in order to enhance early childhood development involves establishing integrated child development or child care centres. These centres seek comprehensive development by bringing together early education with nutrition, health, and sometimes other services. A comprehensive view of child development and the attempt to integrate services conceptually distinguishes child development centres from most pre-schools which are intended specifically to prepare children for schools. In practice, however, the two are often very similar.

Child development centres may be organized and operated by a national organization, a private voluntary organization, a community, or a combination of the three. Some centres are designed from the outset as comprehensive centres uniting several services. Others have evolved as a child care or pre-school programme adds on additional services, such as health or a community kitchen. In some cases, an integrated centre forms part of a community development programme and could as easily be discussed under the strategy of promoting community development. In others, the focus is on providing a direct service of child care and development.

Integrated child development centre examples

Community-based child development centres have been established in Thailand through combined efforts of the main agencies concerned with implementing child care activities. The centres join activities of the health worker, the community development worker, the teacher, and educational administrator and are run by the community through a joint committee, which includes parents and village leaders. The Thai experience illustrates the differences and the potential for competition between child development centres and the more formal pre-school centres. An attempt to retain the multi-purpose character of the child development centre became necessary as space became available in primary schools and pre-schools were set up. To resolve differences, community committees are taking responsibility for both

modes. In addition, child development centres are recommended as appropriate for attention to children aged 2-5, whereas children age 6 should be attended to in the preparatory pre-school programmes designed to ready children for the first form of formal school programmes.

A law passed in Colombia in 1974 mandated creation of Centres for Integrated Attention for Preschool Children (CAIPS) to serve the children of public or private employees, the self-employed, and the unemployed. Funds for the creation and organization of these centres are obtained by instituting a 2 per cent payroll tax on all public and private institutions. The centres provide children 0-6 with health, nutrition, and education services in order to support biological, physical, and socio-psychological development. Specifically each centre should provide pediatric services and 3 meals a day, 5 days a week. With a need for administrative, technical, and supportive staff necessary to run the centres, the cost of CAIPS is relatively high, limiting coverage, even though the payroll tax has been a good source of funding. In most CAIPSS there was little parent or community involvement. Both cost and the need for community and parental involvement have led to considerable experimentation so that, over the years, other alternatives have been incorporated into the system.

The Colombian Institute for Family Welfare (ICBF) receives all funds from the payroll tax and is charged with implementing all components of the programme. That centralized approach, which places one agency in competition with others that would normally provide the service can complicate rather than facilitate integrated delivery of services.

The Integrated Child Development Service (ICDS) is a comprehensive effort by the Indian government to reduce infant mortality and improve the quality of life for poor children, aged 0-6, and mothers in urban slums, rural and tribal areas. The Service now reaches several million children and functions primarily through anganwadi centres (literally, courtyards) which, at a minimum provide pre-school education and some supplementary feeding for children 3-6. Most centres also include some elements of primary health care and some education of mothers. In some areas of India, the centres have also served as entry points for

sanitation and water programmes. Anganwadi workers are para-professionals selected according to uniform criteria by the Central Government, based on education and experience (not by the community), and are provided pre-service training by existing academic institutions and non-governmental organizations. They are charged with providing early education duties, and with helping to monitor growth, distribute supplementary food and vitamin A, maintain immunization records, and educate mothers. In these activities, the anganwadi workers are assisted by a helper and are supported by a Child Development Project worker.

Although it is considered a community-based programme, it, as many other community-based programmes, is implemented centrally and with limited local participation. It also shares with many others a series of challenges with respect to the employment of community workers who receive low pay because they are outside the formal governmental bureaucracy. Nevertheless, the ICDS has shown some successes and has continued to grow, suggesting that with sufficient political will and organization, a centrally-run programme of integrated development can be extended to a significant portion of the population at a reasonable cost and with some effect.

Approaching early childhood development through a multi-purpose centre seems to fit well with several of the UNICEF guidelines. Concentrating services in one place facilitates integration, provides continuity, and can cut delivery costs. The centre can serve also as a focus for many community activities. As seen from the examples, however, these presumed advantages are not automatic. Particular attention in a multi-purpose centre model is needed to see that community participation is possible and is encouraged. If the idea of a centre is imposed, community participation and acceptance may be minimal. Also, some assurance is needed that administrative and maintenance costs will not pyramid so that costs increase rather than fall.

"Add ons"

Another centre-based way to enhance comprehensive early childhood development is to add on a psycho-social development

to programmes within centres created for a different purpose -to, for instance, health centres, nutrition rehabilitation centres, or women's centres. Or, services, may be incorporated into prisons, hospitals, churches, or primary schools.

Adding on a child development component to other services delivered in existing centres created for other purposes has several potential advantages. First, the cost may be low because much of the physical and organizational infrastructure is already in place. Second, adding to an on-going programme can avoid start up problems and, assuming the on-going programme is a good one, can build on good will and practices already established. Third, adding on can be an easy way to integrating components because the main lines of programme responsibility will already be established. (On the other hand, some institutions may be so set in their ways that they have difficulty accommodating new services).

"Add on" examples

In Chile, a system of nutritional rehabilitation centres has incorporated early stimulation as part of its regular work. A smaller scale effort has been made in Jamaica where attendants in the rehabilitation programme were given additional training and incentive to improve their interaction with the recuperating children while in the clinic. Other similar examples could be cited. Although the addition of a stimulation component seems to help the recovery process and has an independent effect on development, it does not correct the fundamental socio-economic difficulties that led to malnutrition and to developmental delays in the first place. For that reason, such an "add on" should be considered in conjunction with other strategies.

In Kenya, as part of a Family Life Training Programme, nursery schools have been set up in conjunction with rehabilitation centers. The nursery schools cater first to the siblings of the malnourished children, and then to other children of the community. Associating the nurseries with the rehabilitation centres is seen as a means of

education as well as care and the longer run hope is to change taboos and beliefs leading to malnutrition.

In Peru, child care centres have grown up at the side of community kitchens, both because mothers who volunteer time in the feeding programme need some form of care for their children and because the children can profit from the feeding programme.

Many add-on examples fall not in the category of centre-based direct attention to children being considered here, but are education programmes for parents and will be considered as part of the second major strategy discussed below.

Child care and development centres at the workplace

Another kind of centre attending to young children is found in, or at, the workplace. Most such centres are established to provide custodial care for children of working women, whether the setting is a factory, a marketplace, or a production co-operative run by women. Care may be mandated or may be a response to needs felt by the workers. Many countries have laws on their books which require companies employing over a certain number of women (e.g. 30) to provide childcare facilities at the work site. This is rarely honored and may even work to discriminate against women for employment. Moreover, the number of firms that are in the modern sector and meet the qualifications is relatively small, so that even if legislation were followed by all companies, the impact would be small (for example, coverage in Brazil would not be more than 2 per cent). In addition, it is often impossible for a woman to bring her young child to work because of transportation problems - distance and crowding. In many cases, therefore, approaching child care and development through centres in factories is not feasible. It may not be desirable and even if desirable may provide care for a small number of children whose mothers are to some extent favoured by being employed in the modern sector. In most instances, therefore, supporting factory-based care is not a logical alternative

for direct support by UNICEF offices, even though in most, more could be done to benefit the child -beyond the custodial care provided.

Workplace examples

One unusual, and often-cited response to mandated child care in industry comes from the construction industry in India which employs many women. Because the work locations for construction workers change as a building is completed and new ones begin, the workers are constantly forced to relocate. The families in these urban settings usually cannot count on extended family members to care for their children. Thus, a programme of early childhood care and education was begun in 1969 utilizing a "mobile creche" which moved from site to site. In the programme, equipment is low-cost and locally provided. Culturally familiar materials are used. The para-professional day care workers are trained on-the-job by a process of exposure, observation and participation, working under the guidance of experienced field workers who have some professional exposure and on-going training.

As it has developed, the mobile creche programme has come to provide services for infants and young children (from 3-4 weeks to age three), for children aged 3 to 6 who enter a nursery school programme, and for elementary school children from age 6 to 12. The majority of the children in the programme are malnourished when they enter. Thus, there is an emphasis on providing them with proper foods and educating the parents about nutrition. The children are monitored by a physician and growth charts are kept. In addition, however, emphasis is given to cognitive and psycho-social development and one of the goal is to prepare children for the formal school system.

Another kind of work-related child development programme support by UNICEF is assistance for day care centres associated with production co-operatives. These may be urban co-operatives, as in the case of the Sang Kancil programme in Malaysia, or rural co-operatives as in Ethiopia and Mozambique. In Ethiopia, a comprehensive child

development programme has been established to provide safe care for children whose mothers are part of a fruit growing co-operative. The comprehensive programme brings together services from several organizations and includes monitoring of child growth and development, immunization, and family life education. Both nurseries and pre-schools have been established, administered by a Children's Affairs Committee of the Co-op. Assistance is provided to train childminders to carry out health, nutrition, and other support activities. An innovative feature of the programme is provision of work credits to women for time off to breast-feed their children and to take older children to the pre-school. The model is being replicated in other co-operatives.

Another example of a work-related child care and development centre comes from Ghana where the Accra Market Women's Association decided to set up a child care programme. Working with the City Council, the Department of Social Welfare, the Ministry of Health, and the Ministry of Water and Sewage, a centre was established serving children from infancy through age 5 and one-half. Administered by the Regional Health Officer, the programme has a strong health focus. Mothers are encouraged to come to the centre to breast-feed. Children are provided with a morning snack and a full lunch. For children to participate, a physical examination is required and appropriate immunizations must have been obtained. Medical charts are kept. Good cooperation between the market women and supporting agencies has made this market centre a success. The model is replicable, but as in the previous example, coverage is focussed on relatively few children.

In rural Senegal, women who were part of an Animation Féminine centre proposed, in 1962, to the animatrices operating the centres that a programme be started where children could be cared for while women worked in the fields. The purpose of the children's centre, as proposed by the women, was "to resolve the problem of caring for their young children while they and their older daughters undertook the arduous task of planting out the rice." Entrusting the children to older sisters who were still too small to work in the fields was a solution that did not provide sufficient guarantees of safety; and leaving them on the edge of the rice fields meant they would be exposed to all

the vagaries of the climate as well as to poisonous snakes. The animatrices agreed to establish the day care programme as long as the women's centre did not have to pay for the programme. Mothers rotated responsibility for taking care of the children and took responsibility for planting and extending a community garden from which the children could be fed while they were in the centre. The day care centres have spread in the administrative district so that they serve several thousand children. The centres are open from 8:00 AM until 7:00 PM and generally operate from one to three months during the year -when the rice crop is transplanted. Parents pay a fee for the programme in the form of money, rice, and oil or dried fish.

The centres operate under the Department of Animation Rurale, Promotion Humaine. Community developers within the Department quickly saw that these centres could be used as a base from which a variety of social services could be offered. They began to offer training to community volunteers, adult education courses in nutrition, hygiene, disease prevention, water purification, etc. and treatment for such diseases as malaria and conjunctivitis. This programme provides an excellent example of ways in which a child care and development centre has served as a catalyst and location for developmental activities that help the community at large.

Pre-schools

A tendency was mentioned at the outset to associate early childhood programming with support for formal pre-schools carried out in a classroom-like atmosphere where relatively expensive materials are used, as the name implies, to prepare children for school. Typically, pre-schools are privately run and/or overseen by a Ministry of Education. They employ trained professionals, are not linked to broader programmes of community development, and give only minor attention to health and nutrition. In many countries, pre-schools are concentrated in urban areas and cater to middle class children. Some are short duration programmes for children in the period prior to entering primary school

(age 5 or 6) and are completely oriented towards schooling. They may, as well, serve as a selective device for entrance to certain primary schools, thereby beginning even earlier than usual a process that favours middle and upper class children. As described, this model of a pre-school does not fit with UNICEF guidelines.

Pre-school centres need not be so narrowly conceived. They may, for instance, employ para-professionals rather than professionals, use local materials, incorporate health and nutrition components, involve parents and other community members, and be incorporated into an integrated child development scheme. Several examples of these programmes will be sketched below. They are often labelled "non-formal" because they are usually not part of the formal structure of government service delivery, relying heavily on community and volunteer help, even though in their organization and conduct, they are often very structured and formal.

Pre-school examples

More than 500,000 children are attending non-formal pre-schools (called nursery schools) in Kenya that originated in the self-help movement known as harambee. This system grew up in part from a need to provide care for children while their mothers worked in the fields. Parents see benefits not only in terms of academic preparation for primary schooling, but also in the associated provision of health care. The community is responsible for building schools and employing the para-professionals who operate them. Most of the children attending are between the ages of 3 and 6. The Ministry of Education now provides support through in-service training, supervision, and a programme to develop localized curricula and materials. Although this pre-school has taken on many formal characteristics, it remains firmly rooted in and controlled by the community, giving it a "non-formal" character.

A Peruvian programme of community pre-schools has grown up over the last 15 years in which children, aged 3 to 5, are brought together in groups averaging 30 for a three-hour period during 4 or 5 mornings a week. A

para-professional, chosen by the community, supervises activities designed to improve the children's physical, mental, and social development. On a rotating basis, mothers cook a snack or noon-time meal using food from a governmental nutrition supplementation programme, sometimes augmented by community contributions. The centres now serve about 500,000 children. They are administered by the Ministry of Education which also provides training and supervision for the para-professionals. The model depends heavily, however, on volunteer community participation and the pre-schools are considered as catalysts for broader community development including income generating programmes, school gardens, and water or sanitation projects.

A very different example of a non-formal pre-school model comes from Brazil. In Santa Catarina, a small experimental project has been tried successfully in which the pre-school has no fixed location. It is, rather, carried out in the streets and public areas of the community. The pre-school teacher supervises and guides a group of children who move from place to place, learning as they go. Each day, the teacher and children set goals and choose activities they will do together. The programme, while focussed on the social and intellectual development of the children, also educates the community by demonstrating activities that can be done to stimulate and educate children. This model obviously requires a very creative teacher, depends on a hospitable climate, and would be difficult to replicate in a large scale. (This experiment is part of a much broader early development programme that includes also support for home day care, formal pre-school, and informal pre-school programmes in rural areas.)

At an opposite extreme from the open air pre-school are pre-schools located in, or beside, primary schools. In several Southeast Asian countries where the rates of demographic growth have levelled off or declined and where available primary school places have approached 100 per cent, spaces are now opening within primary schools and are being used for pre-school programmes. There are potential advantages to such an arrangement. It allows older siblings (who might otherwise be at home caring for their younger ones) to bring younger brothers and sisters to the pre-school and to pick them up at the end of the primary school

session. Proximity also makes easier the organization of CHILD-to-child programmes in which primary school children help out periodically in the pre-schools, as a means of learning methods of child care and development to be applied at home and in later life. At the same time, the direct association with primary schools can easily bias the content of early childhood programmes towards a regimented extension downward of schooling that does not allow exploration or learning through play but, rather, imposes rigid forms and ideas upon pre-school children. There is also less likelihood that the community will be involved.

In Bolivia, UNICEF assistance for child development had been concentrated for several years on a non-formal pre-school model under the direction of community volunteers and as part of a Programme for Integrated Rural Development. Although the approach proved sufficiently appealing to be taken as the national policy in this field, funds were not available from the government to expand the system, leaving most Bolivian children without attention. A different form was needed to serve all rural children under six, given the resource constraints. An alternative was found which built upon and supported an interest expressed by the Confederation of Rural Teachers. Through the Confederation, and with help of materials prepared in collaboration with UNICEF, kindergarten teachers in the centralized primary schools throughout the country will be trained to help groups in outlying communities establish non-formal programmes. The approach combines formal and non-formal initiatives.

Support for formal pre-school programmes is not appropriate if it is socially biased in coverage and content. It may, however, be appropriate to provide such support if it is emphasized incorporating health or nutrition components within existing pre-schools in "at-risk" neighbourhoods. Conversely, non-formal pre-school alternatives -of which there are many variants- are likely to be more appropriate for consideration by UNICEF, but in these cases, special attention should be given to setting at least minimum standards of quality, to possible replicability, and to costs.

III. EDUCATING CAREGIVERS

The early childhood development programme models described above provide direct services to children. They do so because a need is felt to compensate for a poor environment, to rehabilitate children, or to socialize them to a particular view. None of these goals can be easily accomplished without dealing directly with the children. Direct attention is, however, only part of the task.

As indicated earlier, there is a need to complement direct attention over the long run by involving parents and communities. If that is not done, programmes are unlikely to be self-sustaining and there will not be fundamental changes in the attitudes and conditions that helped to create developmental deficits. Accordingly, even centre-based programmes should try to include an education component (and should be conceived within a larger framework of community development, as will be suggested in the following section).

Education, in this programme context, refers to what might be called "parenting education" rather than to general education. Parenting education is intended to affect knowledge and attitudes so as to improve child rearing practices. The contents of that education may vary from information about stages of development to use of toys or growth charts, to information about nutritional needs. Participants may be pregnant mothers, parents, primary school children, or other caregivers.

The importance of parent education

Not all parents or caregivers need additional "education" for their parenting role. They will have received admirable training from their own mother or from their own experience

taking care of a younger sibling under the watchful eye of a grandparent or other extended family member. Also, the parenting role may be shared with grandparents or others who impart their wisdom in the process. This is particularly true in rural areas where the extended family is strong. And, the child rearing process is supported by many local or culturally linked practices that serve as well or better than what is provided from outside. The ritual practice in India of bathing young children is a case in point. The bath not only cleanses but also provides children with stimulation that fosters growth and development.

Increasingly, however, the natural socialization process and these traditional practices are interrupted -by migration and urbanization or other economic and social pressures leading to disintegration of the extended family and to conditions where traditional parenting education cannot occur. With the changing conditions of societies -where new knowledge about health and nutrition is available and where greater importance is assigned to preparation for school than in the past, some elements in a parent's education may be missing that, if included, would make an immediate and significant difference in early development. The practice of talking to a child and responding to its early attempts at communication is a case in point.

Particular attention to the education of parents and other immediate caregivers, whether pursued separately, or in conjunction with centre-based or community-based approaches, is important for several reasons.

1. Responsibility. The family has the first line of responsibility for development of the young child. Child care and education programming should not seek to take away that responsibility (except in the most extreme circumstances) but should, rather, help parents and extended family carry it out. If exclusive emphasis is placed on establishing child care and education institutions, that responsibility can shift, sometimes with negative results.

2. Proximity. Most children spend most of their time in a home where family members provide (or fail to provide) immediate intellectual, social, and emotional interaction and support that is needed for development. That is particularly so in the first months of life. To enhance development of young children, then, the immediate family should have the knowledge to do the job as well as possible.
3. Continuity. Even when a child spends part of its day outside the family and the influences broaden to include the community at-large (and perhaps a child care institution), the main socialization will continue to occur at home. Seeking continuity between the home and the larger environment can be aided by parental education. (One must be quick to add, however, that continuity can also be assisted -often more so- by adjusting child care and education services to the cultural context and the natural learning situations that occur at home).
4. Sustainability. In order to make permanent improvements, whether in preventive health care or child rearing practices that negatively affect early development, it will be necessary for major changes to occur in the knowledge, attitudes, and practices of caregivers. Thus, an early and potentially effective road to sustained gains in early development practices will come through education. These cannot be altered by the disappearance of a particular programme or child care centre.
5. Integration. It is much easier to bring together health, nutrition, and early stimulation in the content of an education programme than in the implementation of a set of services -even when those services

are being "delivered" to the same physical location. This potential for integration is not appreciated and used as often as it can be.

6. Coverage and cost. Some forms of education lend themselves to broad coverage at relatively low cost, particularly in comparison with building centres or the larger, long-run task of fostering community development. In terms of cost, in the area of early childhood development, an educational approach is the most feasible approach if an effect is desired on a large scale.

Can parental education be effective? Evidence from a variety of programme experiences suggests that parenting education can be an effective way to enhance early development. Experience also suggests, however, that the most effective form of education should be connected to actual practice and supported by some follow-up. As in the other areas, an abstract, classroom-like educational experience is likely to lead to an increase in knowledge, but not to changes in attitudes or practices.

Examples of parent education

Parent education can take many different forms. Examples of the following will be described briefly.

1. Education in the home: home visiting
2. Using mass media.
 - a. Print
 - b. Radio
 - c. Television
3. Adult education outside the home.
 - a. Parenting education
 - b. Including development control in nutrition, health, literacy or general education

4. Programmes directed to caregivers other than parents.
 - a. CHILD-to-Child
 - b. Adolescents
 - c. Grandparents

Home visiting

Parent education in the home may be provided by a professional or para-professional. Instruction may help parents recognize particular needs of their child, suggest or demonstrate activities appropriate to the specific condition or stage of development identified, and/or provide specific information about health, nutrition, and child rearing. The home visiting approach can be difficult to implement logistically and can be expensive. If however, an existing structure is already in place, as in two of the examples presented below, that may be less of a problem. Or, if community members are enlisted, the approach may be feasible.

In Jamaica, a home visiting programme has been instituted in which Community Health Aides (CHA), working from a base in maternal and child health clinics, were trained to work with parents to enhance psycho-social development of their children as well as to improve their health and nutritional status. During visits, the CHA demonstrated the use of home-made toys to the mothers. They encouraged them to play with their children between visits. Efforts were concentrated on "at risk" children who had been malnourished, received treatment in a recuperation unit, and returned home. In this experimental programme the addition of a stimulation component helped previously malnourished children catch up with well nourished children in their developmental levels. The experiment also established that relatively intensive and long-term visiting (at least once every two weeks over two years) was necessary to have the desired impact in the cognitive development of previously severely malnourished children.

A Peruvian home visiting experiment was begun in 1978 by the Ministry of Education in two urban marginal communities on the coast and in four rural mountain communities. An

adaptation of the "Portage" home visitor model was applied in which parents were helped during successive visits to evaluate the developmental level of their child and to set activities appropriate to the level. They were provided also with basic health and nutritional information. Visitors were local para-professionals selected from each community. Each visitor was provided with four weeks of training in child development, teaching techniques, construction of educational materials and health, hygiene, and nutrition practices. Each home visitor served 10 families and visited each family weekly for one hour (over the course of almost a year). Evaluations of the experiment showed a positive effect on the development of the children, at an estimated cost of about US \$50 per family per year. Although the original project was directed at children aged 3 to 5, this mode of parental education has subsequently been applied widely in coastal Peru for parents of children aged 0 to 2.

Home-based early childhood education for adults is also carried out in the Philippines in conjunction with the Malnutrition Prevention Programme of the Bureau of Agricultural Extension. There, an early childhood enrichment component has been introduced by training Home Economics Extension Personnel. The extensionists share information with parents and encourage them to use a "Self-Learning Manual for Parents" created as part of the project. The programme complements support for centre-based services. An evaluation shows a relatively low level of increase in parental knowledge by parents, and has led to some revision of materials and their use.

Mass media

Parent education can also be supported by using the mass media.

In a highly literate country, print can be effective, as for example, in Chile where UNICEF helped with publication of a book titled Early Stimulation that became a best-seller.

One of the most noted examples of the use of mass media comes from Venezuela where, in 1980, Proyecto Familia was begun as an official initiative under the auspices of the Minister for the Development of Intelligence. The programme was intended to promote the intellectual development of children from birth to six years of age by providing informal education to mothers both through direct contact (see below) and by using the mass media. In urban Venezuela, television reaches 96 per cent of the population and in the most remote rural areas, more than 80 per cent of the population is reached by radio. To take advantage of this coverage and the existing communications infrastructure, Proyecto Familia produced an impressive number of television and radio programmes and spots as well as slide presentations and films.

Although the Venezuelan programme has attracted considerable attention and has produced some extremely good materials, an evaluation of the results carried out in late 1984 concluded that, overall, the efforts made as part of Proyecto Familia constituted "a promise yet to be fulfilled". The heavy emphasis on television, the lack of a support for the messages through some system of interpersonal contacts, and its relatively narrow conception of "development" emphasizing intellectual development have limited fulfillment of the promise.

More traditional communication forms, such as puppet theatres, can also be used. That has been done with some success in Bolivia and Indonesia, for instance.

In several countries, noted cartoonists have been asked to volunteer their talents for comic strips and/or posters providing basic information.

Other forms of parent education

Many of the same materials used to reach parents in the home through the mass media can also be used outside the home, either in special programmes focussing on parental education or, incorporated into other educational programmes. One school of thought suggests that it is better to work

with mothers outside their homes because, by visiting, outsiders undermine a mother's position and confidence in her own home.

One project that took that position was developed in Colombia. Mothers (or principal caregivers) met once a week in a community centre where they were provided with information about health, nutrition, and psycho-social development. An innovative feature of this project, building on a local practice, was creation of a baby book containing messages from the baby to the mother about developmental accomplishments and about the needs, at particular times, for health check ups, immunizations, etc. The book covered the first two years of a child's life and provided a personal record for the child, while actively educating the caregivers and serving as a basis for discussion at meetings.

In Indonesia, in conjunction with periodic weighing of young children and the distribution of food, mothers participate in group discussion where education occurs through sharing of experiences and through the making and use of toys. The Bina Keluarga and Balita (BKB) project, begun in 1982, is an attempt to add an early childhood education component to the existing structure of services to families. The focus of the BKB project is on parent education. The purpose of the project is to enhance the knowledge, awareness and skills of mothers of children under five and other members of the family so as to enable them to provide a conducive educational environment to ensure the comprehensive development of children under five. Field workers -women from the community being served- are provided with training in child development and adult education. They then provide workshops for mothers at the nutrition centres. In the workshops mothers receive child development information, their role as primary educators of the child is emphasized, and they are provided with easy activities that they can do with their children at home. In addition, a toy library has been established for mothers to take toys home with them and use them with their children in between workshops. They return the toys the following week and can take out something else.

The BKB project was initiated by the office of the Associate Ministry for the Role of Women. As the programme

was developed a number of sectors were involved -Women's Development, Education, Health, Socio-cultural Development, and Welfare. Although ultimate responsibility for the programme has remained within the office of the Associate Minister for the Role of Women, as the programme has been implemented on a wider scale, the leading sector has shifted from year to year. The project is an example of how early childhood care and education efforts can be added on to existing organizational structures, taking advantage of systems already in place, while adding an important component in support of children's overall development. It is also an example of a programme which relies on and receives multi-sectoral support for its continuation.

A Mexican "Programme of Development for Children Aged 0-5 through Parents and Community Members" provides a somewhat different example of a parental education approach. The "non-formal" programme, which falls under the Ministry of Education, is built around a guide presenting a series of graduated activities parents can carry out to help their children develop. The guide was focussed initially only on psycho-social development, and a need for including health and nutritional information has been recognized. Parents and other family members are trained in the use of the manual by "promoters" who are community members with a minimum of primary school education. Parental training is carried out over 15 days, for two hours each day, after which the promoter makes periodic home visits and/or calls meetings of small groups. The promoters work with and through Community Committees. A supervisor is charged with orienting and organizing the work of 16 promoters.

Still another variant of parental education combines "distance education" with a system of local promoters. Known as Padres y Hijos (PPH), the programme was begun in 1979 by a private research and development centre in Chile working with a local radio station. In 50 communities families with children between the ages of 4 and 6 gathered once a week for transmission of a radio broadcast. Following the broadcast a discussion was led by a local promoter. The broadcasts and discussion treat a series of 12 themes over the course of a year, each designed to be the focus of discussion and activity for a month. At the weekly meetings the leader presents pictures that depict common

incidents from the people's lives. The pictures portray daily events that offer opportunities for stimulating the child's learning. The leader guides the discussion, focussing on what the picture shows, what the child is doing developmentally, and what the parent can do to support the child's learning in that situation. Parents then talk about things they can do with the child during the week. They come up with activities and games they can use with the child. Toys are also available. Parents can take them home for the week, or use them as models and make their own.

In Proyecto Familia, the mass media part of which was described above, education of mothers is provided also through education carried out in maternal and child health clinics, hospitals, and community centres. In the clinics, weekly classes are organized for pregnant women to educate them about labour, delivery, and child care. In maternity hospitals, predominantly those catering to lower socio-economic groups in the Venezuelan population, mothers have been brought into a parental education programme while still in the hospital. Within the first 48 hours after childbirth, the mother is introduced to a "facilitator" who provides her with information about the development of the intelligence of her child. This includes a demonstration using the mother's own infant in many cases and the mother has an opportunity to ask questions. At the same time a video tape is presented with information regarding the growth and development of infants and the importance of stimulation. A third aspect of the Proyecto Familia's education for mothers occurs in community health centres where the children are referred from the maternity hospitals. Again, a facilitator provides specific instructions and demonstrations on how to stimulate children of different ages. Mothers are provided also with reading materials pertaining to the specific stages of development.

This intensive education programme has been largely restricted to urban areas and coverage is a small portion of what is desired. Follow-up activities in the community health centres after leaving the hospital have been weak. Reading materials seem to be widely used but are somewhat inconsistent in content and are narrowly focussed on the intellectual component of development. Still, this initiative holds promise for countries that have the health infrastructure within which to carry it out.

Educating other caregivers

The CHILD-to-Child programme is aimed at giving older children the skills and knowledge needed to improve the health and nutritional status of their younger siblings, and the family. The programme was conceived during the International Year of the Child (1979), by the Institute of Education in London and the Tropical Child Health Unit of the Institute of Child Health, University of London and has taken hold in more than 50 developing countries. The idea behind the programme is that elementary school-aged children can be taught basic health care that they can provide to their younger siblings and pass ideas on in the family or community environment. In various programmes children have been taught to identify malnutrition by taking an arm measurement, and to make the water, salt and sugar solution to combat dehydration. They are also taught about safety and how to prevent disease and other health problems.

One example of the CHILD-to-Child programme comes from Kenya where, in 1979, participants from the fields of education, health, and social work determined that management of diarrhoea should be the first focus of a programme in Kiambu Province. Training and support of the CHILD-to-Child effort was provided and outcomes were monitored, focussing on measuring changes in knowledge, attitudes and skills, and comparing the number of diarrhoea cases brought to the hospital before and during the project. The pilot project proved successful; the model was then implemented in other villages in the area.

Another example of a CHILD-to-Child programme comes from Jamaica. The dual purposes there are to help the school children become good parents and to improve the care received at present by younger siblings. As part of the regular curriculum, primary school children, 9-11 years of age, are taught basic child rearing practices, focussing on hygiene, child-feeding and child development. To put the programme in motion, teachers were brought together in two weekly workshops where they discussed development issues and were provided with ideas, activities, and lesson plans. Teaching is done through songs (using folklore, music, and the Jamaican dialect), dramatizations, and other participatory activities rather than through didactic teaching. Children

colour pictures which provide a development message and take them home. They also make toys which were taken home to be used with younger siblings. An evaluation shows changes in the knowledge, attitudes and practices of the primary school children.

Education programmes have been directed also to adolescents (Trinidad), soon to become parents, and to grandparents (Jamaica, where a major role in caregiving is often shouldered by grandparents).

Education of parents and family members is occurring in many ways and in many places. This particular strategy has received rather extended treatment here because it can be directed towards enhancing the development of children in the earliest months and years of life, affords an opportunity to integrate development messages from health, nutrition, and education, continues to place the primary emphasis for development with the parents and extended family of a child, and offers the possibility of effective large scale application. Moreover, this component of the overall strategy discussed here has received increasing attention. In Korea, the Philippines, and Tanzania, for instance, significant shifts in UNICEF programme emphasis have occurred from support for centre-based facilities attending directly to the child towards parental education. For the reasons cited earlier, this approach should be a prime candidate for UNICEF support in all locations -and in creative ways appropriate to the specific needs and characteristics of each country.

IV. COMMUNITY DEVELOPMENT

In the longer run, general improvements in child survival and development will depend on improvements not only in the home, but in the community environment that protects, nourishes, socializes, and challenges the young child. Community development refers to improvements in conditions of life (income, health, food, shelter, sanitation, recreation, etc.) and to changes in knowledge and organization allowing communities and individuals greater power of decision and control over their own lives.

The relationship between child development and community development takes at least three forms:

1. "It is assumed that..." Behind the basic services strategy of UNICEF is an assumption that improvements in the general environment will bring improvements in child development by reducing "at risk" conditions and empowering people. In a community development programme, then, it appears reasonable to be concerned with improving health, agriculture, etc. with no explicit attention to early childhood care and education - under the assumption that child development will automatically occur. In some cases, however, the assumption may not hold, and in others will hold only in the very long run. The assumption is reasonable, but limiting. A general community development work obviously supports early childhood development but is not really a child development programme. When this is the case, the task of a programme officer may be to see if there are appropriate ways in which explicit attention can be given to a child development component within the general development programme.

2. "As a component in..." A second way that early childhood development and community development come together is as an early childhood care and education component is

set in motion as one part of a general community development effort. The community development initiative may be the responsibility of a department of rural development or an extension agency or a planning office taking a wide view. Or, the general programme may be associated with the community-based approach being taken by a specialized agency such as health or sanitation. Many child development programme efforts fall in this category.

Examples:

. Several of the direct service and parental education examples presented earlier have been carried out within a broader community development framework.

. In the Philippines, an Early Childhood Enrichment Programme (ECEP) includes training of 2,000 Rural Improvement club leaders who, along with other duties, are to attend to child development.

. As part of the Community Health Programme in Sri Lanka, multi-purpose pre-school centres have been set up. These provide a forum for various community activities.

. UNICEF has helped to introduce a social development perspective into the Grameen Bank project in Bangladesh. The Bank provides credit to women. Approximately 2,000 community-run pre-school learning centres have been established.

. Child care centres in Nepal have been developed with UNICEF assistance as part of a set of community development activities. In cooperation with the Agricultural Development Bank, child care centres were supported in Small Family Project sites. The centres were designed to provide working mothers with care including nutrition, upgrading health status, and to help prepare children with readiness skills to improve chances of success in primary school.

When early childhood care and development activities are seen **"as a component in"** other community development projects, the degree to which they are truly community-based will depend on the process of community involvement that has evolved in conjunction with the general programme of which it is a part. Too often, that process is only nominally participatory. Accordingly, the child development activity may involve the community in building of structures, the creation of some materials, and perhaps the choice of a teacher or promoter. But most efforts continue to be initiated outside the community, and responsibility for implementing the programmes continues to lie with official institutions which concentrate on logistical support and equipment.

In addition, intersectorial programmes directed towards a vague community development goal are fraught with difficulties related to the non-definition of tasks, responsibilities, goals, and priorities, all of which tend to slow down decision-making. Unless a strong community (or perhaps sub-regional) organization exists that can pull the components together, all parts may suffer.

3. **"As an 'entry point' "** In a third variant, early childhood development is not simply a residual or a component in other community development efforts but is, rather, viewed as a stimulus or point of departure. Care and development programmes provide the **"entry point"** for health or nutrition or other programmes that are community-wide. Or, they may be seen as a means to increase participation by women in community affairs, broaden the structure of community leadership, or foster social action around a variety of community-based projects that will benefit adults as well as children. They become the leading edge.

This view of the role of child development in community development has, as others, important potential as a motivating and cohesive device. It is also as subject to initiation and control from above (rather than from the community) as others. Participation can be short-lived, restricted to construction of a centre, for instance. The community may have little or no say in the programme itself.

Examples:

. In Zimbabwe, well over 4,400 community pre-schools are located in rural areas. These are serving as a base for a wide range of community development projects that include literacy, income generation, small scale food production in community gardens (which provide food supplementation), community education, and sanitation programmes (for instance, the building of latrines at pre-school sites by youth brigades). Pre-schools are used for early detection of disabilities, growth monitoring, and immunization.

. The ICDS programme described earlier is viewed also as a community development programme in which integrated child development is the entering wedge.

. In Peru, the non-formal programme described earlier, was, in its extension to several states, titled "Pre-school as a catalyst for community development".

A truly participatory approach to community development (and to programmes of child development within that framework) requires a process in which each community identifies its own needs and priorities which then become the basis for programming. This process turns around the more commonly found technical approach in which, for instance, a centre-based model of early childhood care and development (or a health post, or a water programme, etc.) is presented to a community or is "used" as an **entry point**. It puts a premium on responding to community priorities and implies the need for a package of different programmes - in education, water, housing, income generation, early childhood development, health, nutrition, recreation, etc. Any one of these programmes may provide the basis for community cooperation and organization. Any one can serve to catalyze more general development involving, eventually, others as well. This participatory process is seldom followed in practice because it is labour intensive and requires a kind of flexibility and sensitivity that national and international development institutions may not have. It is difficult

to carry out on a large scale. With UNICEF support a participatory planning methodology has been experimented with and carried out successfully that combines inputs from communities and technicians in the planning and implementation of projects. (See references to the work by Bosynak and colleagues.)

Because attention is given to general principles of community development in other parts of the UNICEF set of manuals, the theme will not be discussed in more detail here.

Approaching child development as a component in community development programmes and turning to child development as a starting point for community development activities are both appropriate. Both ways promote integration of child development with health and nutrition, women's programmes, and community participation. However, multiple goals can also lead to a dispersion of effort with the result that none of the goals is reached. If one objective of a programme is to be child development, explicit attention should be given to that objective, even though it may be subordinate to a broader community development goal. Enhanced child development should not be assumed in a community development project.

V. STRENGTHENING NATIONAL RESOURCES AND CAPACITIES

The first approach and set of options described in this paper focussed on direct attention to the child in child care and development centres. The second set of options emphasized the family, providing education to family members and other caregivers who establish the immediate environment within which a young child develops. The third approach stressed improvement in the child's environment outside the home, linking child development to broader community development efforts.

The fourth complementary strategy, described here, moves back one step further from the child by concentrating on the national resources and capacities needed to carry out any or all of the three approaches previously described. This approach takes as its immediate goal to catalize and strengthen financial, material, human, and organizational resources and capabilities serving to enhance child development.

There is an unfortunate tendency to think that the capacity available in a particular location is weaker than it is and that there are no resources to be drawn upon. There is, accordingly, a tendency to think first in terms of a programme contribution that will add on to or increase capacity. In most settings, however, there are unrecognized and/or untapped capabilities and resources available. That is particularly true for the field of early childhood education where a great deal can be done without large infrastructural investments. Programmes can, for instance, be organized in the open air or in unused spaces in communities. Toys can be baskets or pots or bottle caps or stones. Games and stories from the immediate culture are always waiting to be played and told and new ones are waiting to be invented. And, each culture has its own store of developmental wisdom and a way of passing that wisdom on.

One challenge of early childhood programmes, then, is to draw out existing resources -in the family, the community, the larger culture and the formal organizations of the society and put them to work. The task is primarily catalytic -motivational and organizational. Although money will be needed for some types of programmes, the main constraint is often not a financial one.

When a longer-run view is taken, there are some investments that will need to be made to strengthen the ability of a country to continuously meet and adjust to the developmental needs of its young children. A capacity-building approach seeks that improvement, typically, in one or more of three main ways:

A. Increasing the supply. One view of strengthening a country's capacity is to help put in place the facilities and materials and on-line personnel needed to make things run. Buildings are built, toys are imported or made, and para-professionals are trained. Sometimes technical assistance is funded that fills in for missing expertise. A technology may be supplied as well. This "supply" approach is essentially a short-term response, despite the fact that it may increase capacity by leaving in place some buildings, teachers, and materials serving for several years. If the supplying is done from outside, it may also lead to problems when it comes time to replace parts or when it is discovered that the imported materials and technology are not particularly suitable to the context.

Examples:

1. **Building.** There are few examples of UNICEF support to build buildings. That is as it should be. In some cases, materials have been made available as an incentive for community groups to do the building. Or, materials and incentives are provided to, for instance, add needed sanitary facilities. In general, however, support to put up buildings does not seem to be the best use of UNICEF resources in most cases.

2. **Toys and other materials.** A high percentage of UNICEF annual reports mention toys. A previous practice of importing toys has given way in most countries to local production, usually in conjunction with training courses for early childhood promoters, parenting courses, or CHILD-to-Child programmes. There is as well a notable tendency towards use of "throw away" materials in the toy-making. The idea is good, but sometimes fails because the results are, themselves, throw aways and in some cases are not particularly safe (sharp edges, splinters, leaded paint and other problems need to be guarded against). Any effort to help produce toys should, then, attend to minimum standards of quality.

UNICEF has also helped to provide booklets and other materials for many kinds of early childhood programmes. In most cases, these have been created locally and some capacity of continuing production and adjustment is left behind (see B. below).

3. **Training on-line personnel.** Training of para-professionals is one of the most common forms of UNICEF support provided in the area of early childhood care and development. A review of those experiences uncovers considerable discontent because training is too short and of poor quality, or because training is not supported by on-the-job supervision, and because trained personnel do not stay in the jobs for which they were trained. What was viewed as an investment often turns out to be a recurrent cost with a need to train a new batch of people each year. And, governmental organizations may not be able to pick up that recurrent cost.

B. **Strengthening production.** A second way of increasing local capacity, is to train trainers, planners and architects, and to work on establishing a local capacity for producing materials. This "production" approach to strengthening capacity is less immediate in its effects, less visible (than buildings, for instance), does not satisfy urgent

daily needs, and is often, therefore, less appealing. But it fosters a capacity to create, is necessary to sustain activities, and begins the process of local empowerment.

Increasingly, UNICEF offices are looking at ways in which this longer term capacity to produce can be strengthened. In Thailand, Indonesia, and Nicaragua and elsewhere, for instance, instead of providing imported toys, support has been provided for small scale businesses or workshops that will produce toys locally. (In one case, the process employs the disabled.) In Iran, training is being made available for those who will be responsible for training on-line day care personnel. Supporting local efforts to create manuals for training is another contribution to the production process.

As part of the production capacity, specific attention may be given to the process of diagnosis, monitoring, and evaluation, related to both planning and implementation of early childhood development programmes. Situation analyses and country diagnoses are often, now, weak with respect to child development. Much more attention is focussed on survival and on related nutrition and health indicators in the planning process. In part, this reflects the absence in many locations of a locally-created or adapted instrument. One contribution of UNICEF might be to help the process of creating and introducing such instruments. For instance, an experiment is underway in Brazil testing use of a child development card that would register gains in development in relation to a set of national norms, providing parents and professionals with a diagnostic and evaluative tool.

C. Institution-building. In this third way to strengthen local capacity, support is provided to key local institutions which it is hoped will, in the future, play the catalytic and technical strengthening roles in the field of early childhood development that UNICEF or others are being asked to fill at present. The most logical institutions to support will, of course, vary widely from one country to another. They will also depend on which of the several strategies described here receives the most emphasis in UNICEF programming.

Looking beyond capacity in the education and day care communities

Whatever ways are considered to help strengthen national capacities, there is a tendency for a child development programme person to think first in terms of programming that is directed towards people and institutions with direct responsibility for something called child development. However, it may be that working with individuals from health or agriculture or another field to incorporate a psycho-social development perspective in their activities will make as great a contribution to child development as, for instance, training pre-school teachers. That might involve training nurses or community health workers. It might mean developing materials for use by extension agents. It may mean funds to support an institution that will carry out such training on a long-term basis. It may mean training artists or writers to put their talents to work in the service of the child -in the advocacy efforts to be discussed below as a fifth strategy.

VI. ADVOCACY

An overall strategy for early childhood development will require attention to the political and social will that can give a programme life or block it. Support is needed among politicians and policy-makers who control budgets and plans. It is needed also among professionals, many of whom have difficulty looking beyond time worn and expensive models to alternative modes and methods. It is needed among bureaucrats who must also be convinced to try new ways. And it is needed in the community at large.

Successful advocacy requires a blending of knowledge and communication techniques, of message and medium, of content and form of presentation. If knowledge is lacking, it may be necessary for a programme to help generate it. Although UNICEF is not often in the business of supporting research, per se, some support for research may be appropriate. For instance, research examining changing child rearing patterns in cities as related to the health, nutritional and broader developmental status of a child may be necessary to provide the basis for support of a child care and development programme. Or, it may be necessary to "translate" existing academic knowledge about child rearing into an understandable form, with programmatic implications.

More often than not, sufficient information is available to mount an advocacy strategy, at least at a general level. Some studies and evaluations have been done in almost every country. Results of a situation analysis may be available. Scientific results and examples of successful programmes can be obtained from elsewhere. The advocate's task is then one of gathering and packaging the information in a compelling way and creating the situations in which it can be communicated to the right people.

In all of this, the child development programme officers will work closely with the communication officer. A specific plan should be set out rather than leaving advocacy to chance.

The plan would need first to specify the reason for the advocacy or social marketing effort, the group(s) to be reached and the content to be conveyed.

Among the categories of people to be reached will be the following:

1. UNICEF personnel (The first task may be to convince the Representative.)
2. Political leaders
3. Civil servants
4. Professional groups
5. Popular organizations
6. PVO/NGOs
7. Other donors or United Nations agencies
8. Newspaper, television, or radio editors
9. Promoters, teachers, extensionists
10. The community at large

The particular mode of communication, the choice of content, and the form of presentation will obviously vary a great deal depending on the particular group(s) chosen.

Good advocacy will involve more than generating packaging and disseminating knowledge in traditional ways. There are at least three approaches to advocacy: telling, showing, and involving. Often the best way to get a message across is by involving the intended recipients either directly in a programme or in its evaluation. That is seldom practical at a policy level, but is a good strategy for professionals, bureaucrats, and community members. Showing individuals a programme in action is another way to communicate. Arranging visits to model programmes may be more powerful than telling about scientific results.

There are, then, many vehicles for communication. These include: participatory evaluations; workshops, conferences; seminars involving key policy-makers or planners; informal

meetings; mounting a national publicity campaign; creating a video; arranging a "show and tell" opportunity, through field trips; or promoting a child development day or week.

When the main purpose of advocacy is to help build social demand for programmes at the local level among the potential users, then less traditional communication methods may be the most useful. Messages can be presented through local plays or puppet theatre, and in song and dance. They may be presented at the time of local festivals, at regular meetings, or through blackboard newspapers.

Examples:

. An interesting example of advocacy at work through participation in the process of generating information comes from **Tanzania** where a government/UNICEF Task Force for Child Development was formed. Among other findings, the Task Force's analysis showed that the formal day care and early education programme was too expensive for rural families, too urban-oriented in content, and too focused on children aged 3-7. As a result UNICEF, with the government, is engaged in pilot projects that, it is hoped, will respond to these findings and provide a basis for national policy.

. In **Brazil**, the UNICEF office made a video tape for presentation to policy-makers and programmers. The tape presented scenes from several on-going early childhood programmes and drew on research results to show that there is a scientific basis for investing in children at an early age and that there are effects of that investment on the progress and performance of children in the primary school.

. In **Bolivia**, messages about early childhood survival and development were delivered through an itinerant popular theatre group. In other countries, puppet theatre has been an excellent vehicle for publicizing information about child development.

SUMMARY

1. Five complementary approaches to programming to enhance early childhood development have been described. All five are appropriate for UNICEF and all should be joined as part of a general strategy if a nation is to count on the political will, social involvement, appropriate technology, institutional strength, human resources, and managerial ability necessary to reach the maximum number of children "at risk" in cost-effective ways. The five approaches described are:
 - A. Delivering a Service directly to Children
 - B. Educating Parents and other Caregivers
 - C. Promoting Community Development
 - D. Strengthening National Capacities
 - E. Advocating
2. Within these approaches, examples were provided of a range of models and experiences to be considered for support, depending on the particular setting. Among the modes described were:
 - A. Home Day Care
 - B. Integrated Child Development Centres
 - C. Child Care in the Workplace (factories, markets, cooperatives)
 - D. Non-formal Pre-school Centres
 - E. "Add ons" to centres established for health/feeding/women's programmes/community activities

- F. "Add ons" to adult education programmes
 - G. Home visiting
 - H. CHILD-to-Child
 - I. Mass media or popular culture presentations
 - J. "Open Air" programmes
3. Several topics that cut across the discussion of approaches and models were: Participation, Integration, Cost, Quality, Coverage, and Impact.
4. Also embedded in the discussion were a variety of programming activities that are possible for UNICEF to support. These do not differ from what UNICEF does in other fields, but it may be useful to list them as a reminder of the range of options available.
- A. Training of parents, para-professionals, and professionals from the fields of education, health, nutrition, rural development
 - B. Providing building and equipment
 - C. Supplying or providing materials
 - D. Developing manuals, procedures, curricula
 - E. Creating advocacy materials
 - F. Demonstration projects
 - G. Research and evaluation
 - H. Technical assistance
 - I. Task forces, committees
 - J. Organizing workshops/seminars/meetings
5. The particular constellation of strategies, models, and early childhood development activities that will be supported in any one location will depend on the circumstances of that location and the application of several sets of overlapping criteria by the programme officer to those circumstances.

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